SOUTHERN VOICE

Vol. 2, No. 9 | *Taking Pride in Our Culture* | June 22,1989

Drag is Back!

And drawing large mixed audiences at Lipstix

Page 13

PRIDE WEEK IS HERE! LET YOUR PRIDE SHOW!

PAMELA J. COLE

K. Watts and her partner cut a beautiful rug at Pride Prom '89 on June 17. As the kick-off event for Lesbian and Gay Pride Week, the prom drew more than 250 people to the Inman Park Trolley Barn. The Pride March and Rally is scheduled for Sat., June 24. Thousands of lesbians and gay men are expected to attend the all-day event. See the Pride ad on page 5 for details.

Three Years after Hardwick:

Nation Revitalized, Refocused for Sodomy Law Challenges

Part 1 of a 2-part Series

Washington, D.C.–In shades of purple, pink and lavender, the map is sectioned off. Reminiscent of pre-Civil War maps of the U.S., the country is divided into a nation of "free" and "unfree" states.

But the freedom to which this map refers is much more shrouded than what one would normally expect. The freedom involved here is the freedom to engage in certain sex acts with consenting partners behind closed doors.

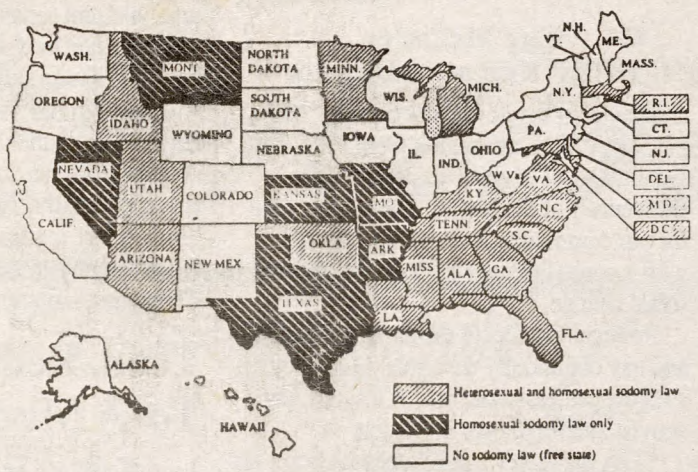
Hardly the stuff that inspires civil wars.

But in a sense, there is one going on now. And the battle lines have been drawn.

As with many wars, the present confrontation began with a crushing defeat. The "massacre" in this melee took place on June 30, 1986, when the U.S. Supreme Court voted 5-4 in the landmark Hardwick *v.* Bowers decision and, in doing so, upheld the right of the state of Georgia–and hence the right of all states–to declare gay and lesbian sex illegal.

Actually, Georgia calls it sodomy. Others call it "lewd and lascivious behavior" (Florida), a "crime against nature" (several), "sodomy and buggery" (Massachusetts), "sexual psychopathic behavior" (Washington D.C.), "unnatural intercourse" (Mississippi), "deviant sexual conduct" (Montana), "unnatural or perverted sexual practice" (Maryland), or, as was the case in North Carolina, the "detestable and abominable crime against nature." (The state has since trimmed down the name, but not the statute.)

In some states it is a misdemeanor; in others, a felony. In many, it is directed specifically towards gay and lesbian sex; and in some, it extends to many forms of heterosexual sex as well.



And in all 25 "unfree" states and the District of Columbia, the laws make unconvicted criminals of all sexually active lesbians and gay men.

"The Supreme Court dealt us a very serious blow with the Hardwick decision," states Sue Hyde, Privacy Project director for the National Gay and Lesbian Task Force in Washington. "The Hardwick decision now is cited over and over again, not just in court cases, but in the legislative arena as justification and rationale for denying us basic civil rights. The Hardwick decision is cited in every one of the military cases. The Hardwick decision was cited by the New Hampshire state legislature when they pass their... foster care law... as justification for denying lesbians and gay men the option to be foster parents in the state. Over and over, that decision is cited as justification for denying us basic civil rights. [It] would be wonderful if the Supreme Court reviewed the Hardwick case and decided that they had erred."

But it it at all likely that will ever happen?

She takes a drag on her cigarette, leans forward and calmly shoots back: "Would snowballs survive in hell?"

Cont'd on Page 3

Before and After Stonewall

Part 3 of a 3-part Series

This series of three articles is a celebration of the 20th anniversary of Stonewall, the 1969 rebellion that changed forever the way lesbians and gays would see themselves. The theme for this year's gay and lesbian pride celebration is Stonewall: Reasons to remember. We have a lot to remember, a lot to be angry about, a lot to cry about and a lot to give thanks for. Within this series, which spans pre-1940 until the present, we hope you will learn something you didn't know about your history – the history of being gay in America.

The battle of Stonewall was begun by gay spirits who, never having had a closet to begin with, were "out" from the start. The Stonewall Inn was – to be blunt – a dive, a dance bar whose clients were fast-living Village street people, far-out cross dressers, acid heads, ultra-macho lesbians, groups of young screaming queens who traveled in packs for security–a highly visible crowd for whom shocking the onlookers was often the main thrill. At first, they turned the raid into a camp happening. It got out of hand, and the next two days changed history. No one knows quite why. It was the right time.

The national mushrooming of gay and lesbian liberation groups and activities in the wake of the Stonewalls riots could not have happened in the 1950's, when McCarthyism stalked the country and non-conformity of every description was snuffed out under the pretext that it was a threat to "national security." It took the Civil Rights movement to dramatize the fact that, if mainstream America is in the wrong, not only is it possible, but also right for those who are wronged to fight back and to change it.

From the counterculture movement, from the New Left and the opponents of the war in Vietnam, we gained not only some effective political action techniques, but new recruits already committed to an oppositional stance toward authority–young gay radicals ready to carry banners and have themselves deliberately arrested because they were already politically disaffected and proud of their opposition on principle to corruption and oppression. As with the street queens at Stonewall, appearing respectable was not part of their agendas.

Within the new-born gay liberation movement itself, fragmentation–as it has done in virtually every major historical movement since time began–almost immediately began to divide the participants along factional lines. In New York, which for better or worse still sets the trend for the rest of the nation, many of the activists had to decide between what was best for the movement and what seemed best for them and their own organizations.

Cont'd on Page 5

NEWS IN BRIEF

San Francisco Takes Small Step To Legally Recognize Gay Couples

San Francisco–Mayor Art Agnos signed into law on June 5 an ordinance that provides legal recognition for resident gay and lesbian couples here.

Supervisor Harry G. Britt, President of the Board of Supervisors, said "San Francisco has once again set the pace for the nation.

"This law is about human rights as much as it is about anything else," he continued. "No one in this country should be targeted as a second-class citizen, whether it be because of their race, their religion, their beliefs, or their marital status. We have sent a clear signal that all of us have the right to love whom we will."

The ordinance, which was passed by the Board of Supervisors unanimously, makes San Francisco the fifth city in the U.S. to give legal sanction to gay/lesbian unions. The other cities are Berkeley, West Hollywood and Los Angeles in California and Madison, Wisconsin.

Gay/lesbian activists have criticized the ordinance as a "watered down" version of a 1982 ordinance vetoed by then-mayor Dianne Feinstein. The only specific rights the ordinance signed by Agnos grants to "domestic partners" is the same hospital visitation rights as those accorded to blood- or marriage-related family members.

Britt defenders, however, say that he will pursue more specific remedies to discrimination against gay and lesbian couples now that the unions have legal status. A resolution to create a study commission to examine bringing domestic partners of city employees under San Francisco's health benefit system was also signed by Agnos on June 5.

An aide to Agnos said that the mayor was prepared to sign a law that would have had a more sweeping effect than Britt's final version. The aide, Larry Bush, told the *Washington Blade* that the mayor might take more aggressive action on his own initiative in the future.

Man Sentenced to Life For Murder of Lesbian

Gettysburg, PA–Appalachian Trail Killer Stephen Roy Carr was sentenced to life in prison without the possibility of parole for the May 1988 slaying of Rebecca Wight, according to Boston's *Gay Community News*.

Carr was sentenced May 17 after the judge in the case rejected the "homosexual panic" defense. Because of the complicated legal maneuvering that arranged for Carr to avoid the death penalty in exchange for a non-jury trail, several avenues of appeal have opened up that do not normally occur in murder trials.

Carr has already filed "several" appeals in the case.

Wight died from numerous gunshot wounds after Carr opened fire on she and her companion, Claudia Brenner, while they were backpacking in a remote area of Pennsylvania.

Brenner crawled through the woods to a rural highway in order to summon help. By the time rescuers returned to the campsite, however, Wight had died.

Brenner survived and later identified Carr to the authorities. She filed a statement with the court during sentencing proceedings on how the crime affected her life.

Carr's attorneys had attempted to prove that he was incited to violence against lesbians because "he had a bad background that he was teased by girls, that his mother was possibly involved in a lesbian relationship, (and) that he was molested in prison."

Tim McFeeley Is New Exec.Director of HRCF

Boston activist, attorney and fundraiser Tim McFeeley has been named new executive director of the Human Rights Campaign Fund (HRCF). McFeeley, who has a distinguished record of advocacy for gay and lesbian civil rights in New England, succeeds Victor J. Basile as executive director.

He takes over HRCF as its budget surpasses the $2 million mark, its staff and operations expand, its lobbying and PAC disbursements increase and key AIDS and privacy issues are introduced into the U.S. Congress.

"I'm extremely excited about leading HRCF and representing America's lesbians

ALBERT J. WINN

Tim McFeeley
HRCF Executive Director

and gay men in our nation's capital," said McFeeley. "It's the beginning of HRCF's second decade of service and the 20th anniversary of Stonewall. Now is the time for our community to move into the future with a powerful mandate for political and social change."

Political insiders in the national lesbian and gay community described McFeeley as a highly professional, "major league" gay activist and fundraiser in Boston.

"Tim McFeeley is an excellent choice for executive director of HRCF," said openly gay congressman Barney Frank. "He is very bright, politically sophisticated and deeply committed to our fight against bigotry.

"He is also extremely well respected in Boston by straight and gay people alike," added Frank. "I am sure he will shortly achieve the same standing among people in Washington and around the country."

McFeeley said establishing the groundwork for passage of the Lesbian and Gay Rights Civil Rights Bill, continuing an aggressive AIDS legislative agenda, expanding the HRCF Speak Out constituent mailgram campaign and bringing more women and people of color into leadership roles within HRCF are high on his list of immediate goals.

The selection of McFeeley ends a five-month nationwide search that involved approximately 70 men and women candidates from virtually every section of the country.

"The quality of the applicants was extremely high," said Chuck Forester, HRCF board co-chair. "HRCF has benefited from the tremendous talent that has developed in our community."

McFeeley and his lover of 16 years, Brian Marcus, will relocate to Washington, D.C. in the upcoming weeks. McFeeley will take over responsibilities at HRCF from Vic Basile at the end of June.

Recent Developments in Kowalski Case Look Good for Thompson

Minneapolis, MN–The parents of disabled lesbian/gay rights symbol Sharon Kowalski are apparently giving up on their fight to keep her lover, Karen Thompson, from participating in her care.

Thompson's lawyer, Sue Wilson, told *Gay Community News* Kowalski's father had written the presiding judge in the case asking to be removed as his daughter's legal guardian. Wilson was not, however, optimistic that the judge would restore Sharon's full rights or appoint Thompson as her guardian.

"(District Court Judge Robert Campbell) has said he doesn't want to appoint Karen (Thompson) as guardian because it would inflame the parents," Wilson said. "He wants to appoint an interim guardian without a hearing. That's not legal.

"We've said we want approval over who that person is or we'll take him into the courtroom," Wilson continued.

As further evidence that Kowalski's parents have given up on keeping her away, Thompson said that the parents have failed to visit Kowalski since she was moved to the Miller-Dwan Medical Center in January of this year.

Kowalski was moved to a new rehabilitation center on May 18, where she will continue to work on her mobility and communication skills.

Kowalski has been the center of a dispute between her father and Thompson since the August 1983 car crash that left her disabled. Kowalski's father has repeatedly denied that his daughter is a lesbian, and has attempted to use his power as her guardian to refuse Thompson visitation rights.

Tenn. Reduces Sodomy To A Misdemeanor

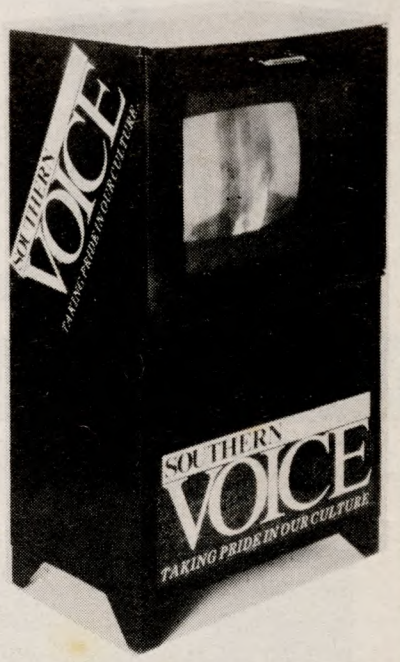
Knoxville, TN– Tennessee will reclassify homosexual acts as a Class C misdemeanor if Gov. Ned McWherter signs a package of bills designed to overhaul that state's sentencing standards, according to reports in the newsweekly *Dare*.

The new law abolishes the Crimes Against Nature statue which previously made homosexual and heterosexual sodomy a felony. A Class C misdemeanor carries a sentence of not more than 30 days and/or a fine of $25.

The changes in the Tennessee criminal code are part of a sentencing standards review by a commission charged with "eliminating archaic language" from the books here.

If McWherter signs the legislation as expected, the new code will become law Nov. 1.

And Now For The News...



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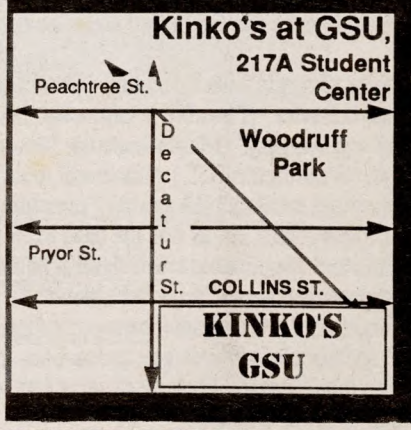

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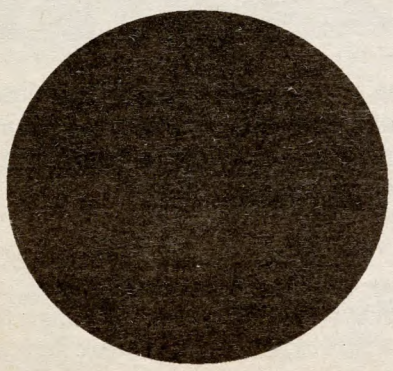

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Gay Men To Charge Police Harassment

Atlanta–Two gay Atlanta men will file a complaint against local police officers for abuse of their power in an incident they describe as embarrassing and humiliating which they believe was a case of police harassment.

The event occurred as Jake Rothschild and a friend drove on Juniper St. and 10th St. in Midtown. According to Rothschild, who was driving his friend's car, the traffic light turned yellow and the vehicle was immediately pulled over by a police car with three officers in it. After pulling into a parking lot, says Rothschild, the officers did not know what the violation had been. "It was like a bad episode of Police Academy," he recounted. "We could hear them standing behind the car discussing what to get us on."

Officer M. Grenier asked Rothschild how much he'd had to drink. When Rothschild explained he does not drink, the officer shouted back, "Don't get cocky with me!"

Meanwhile, officer F.H. Hudson was demanding proof of insurance from Rothschild's friend, the owner of the car. After a few moments Hudson became impatient and ordered him out, directing him to the police vehicle. As Rothschild describes it, the officer, "jammed his knee in (the friend's) rear end..." forcing him to spread his legs to be searched. Hudson charged the men with allowing someone to violate state code, for allegedly letting Rothschild drive his car without insurance.

By the time the ticket was written, Rothschild had found the insurance card and showed it to the officer. Hudson refused to accept the proof of insurance, and charged Rothschild with driving without insurance and running a yellow light. Rothschild said he was very surprised to have this kind of experience in Atlanta. "It was like being in a third world country," he commented, adding, "We did nothing to provoke it."

When Rothschild asked for the policeman's name and badge number, officer Hudson shouted back, "I ain't giving you s---!" After being reminded of his duty to provide the information, the officer shouted his name. A request for the badge number brought an even angrier "F--- you!"

The two men have hired an attorney to insure the outcome of the case in traffic court as a basis for further legal action. Rothschild believes the officers may have suspected their sexual orientation. On the same night, he said, police set roadblocks and checked licenses behind Backstreet and the Armory, two gay bars in the neighborhood.

After the incident occurred, the men contacted Cathy Woolard of the Gay and Lesbian Police Advisory Committee and Pete Duttweiler of Councilwoman Mary Davis' office. Both advised Rothschild to file a complaint with the police bureau's internal investigations department. Beyond that, the men plan to press charges in court."

The matter will be taken up at the next meeting of the Police Advisory Committee, according to Woolard. The committee will make sure that internal investigations does look into the case, she noted, adding, "We will let them know we're watching."

Pursuing this case in court will be expensive, but Rothschild says he feels a responsibility to proceed, even though attorneys have not been extremely encouraging. Rothschild said he wants to establish what took place for the record, in case it happens again.

"It's not going to do a whole lot for me," he pointed out, but he noted he has to help protect others who might go through this in the future.

–F.G.

Sodomy laws

Cont'd from Page 1

In the era of the Ronald Reagan–appointed court, Hyde explains how with the newly conservative court's recent reversals of a number of civil rights matters, the only chance before the Supreme Court now would be the chance that things could get worse for lesbians and gay men. Which, of course, doesn't bode well for several gay-related cases which are now floating towards the high court.

That doesn't leave a whole lot of room for optimism. So for now, the strategy on sodomy issues is twofold.

First, gay and lesbian activists mourn the anniversary; then they mobilize to attack sodomy laws on a state level.

For months now, Hyde has been organizing local groups across the nation to commemorate the Hardwick decision with an effort called the National Day of Mourning for the Right of Privacy.

In at least 14 cities nationwide, activists will be commemorating the historic defeat and directing media attention to the decision which allowed lawmakers to legislate their bedroom activity.

Court Challenges State by State

Since the 1986 decision, many of the sodomy repeal efforts have been played out in state courts, oftentimes through legal challenges involving upstanding members of the gay and lesbian community (and sometimes heterosexual couples and disabled persons) recruited to claim injury from the presence of these laws. Such cases are now pending in Texas, Minnesota and Michigan courts.

A new case challenging Georgia's sodomy law is set to be filed soon by the Georgia American Civil Liberties Union in Atlanta. The case is that of a heterosexual man who was sent to jail for two years based on testimony from his ex-wife during divorce proceedings in which she described being a willing partner in non-vaginal sex with him.

A major problem faced by other sodomy law challenges, however, is that occasionally they come in the form of criminal cases, as in a 1988 Minnesota challenge which involved aw 45-year-old man who bought sex from a 16-year-old male who presented himself as an adult. That case eventually was decided on a technicality and left open the question of an unconstitutional invasion of the right to privacy, paving the way for the present case which involves recruited non-criminal candidates.

Probably the best tool with which to attack these laws, says Hyde, is a state privacy law, which would easily allow state courts to find sodomy laws unconstitutional on privacy grounds. However, only two states have both sodomy and privacy laws side by side: Florida and Montana.

In Montana, Hyde has found little interest from the state's dissipated gay and lesbian community which has left that state's law unchallenged. And in Florida, efforts headed up by the loosely formed Florida Right to Privacy Committee have suffered two false starts and now stand no further than they did two years ago when the effort was first considered.

– Cliff O'Neill

Next Issue: Challenging sodomy laws in state legislatures.

Dedicated Activist Ray Kluka Dies at 36

Atlanta – Atlanta's gay and lesbian community lost an inveterate activist and many individuals a cherished friend when community leader Ray Kluka succumbed to complications from AIDS June 10.

Kluka, who was 36, was best-known for his reporting of a wide range of news events as Associate Editor of *Etc.* Magazine. Simultaneously, he was deeply involved in city affairs as two-term president of the Midtown Neighborhood Association, typical of Kluka's interest in and zeal for community service.

Kluka was one of the first directors of the Atlanta Gay Center and a former leader of the political lobbying group, The First Tuesday Association for Lesbian and Gay Rights. He began his social concern in Atlanta by co-chairing the South's organization for the first National March on Washington for Lesbian and Gay Rights held on October 11, 1979. One of Kluka's greatest satisfactions was his recognition for consistent participation and prominence in his receipt of the First Annual Martha Gaines Award from the ACLU Gay/Lesbian chapter.

Kluka was known for his conscientiousness both as an organizer and an editor, and his care for balanced reporting and impartiality. His keen sense of the absurd and ironic, and capacity for compassion and generosity made him a beloved companion.

Ray Kluka is survived by his devoted parents John and Bernice who lovingly attended him through his last illness, by his former lover and constant friend Scott Walters, who also assumed major responsibility for his care, and by a grateful Atlanta.

–Dave Hayward

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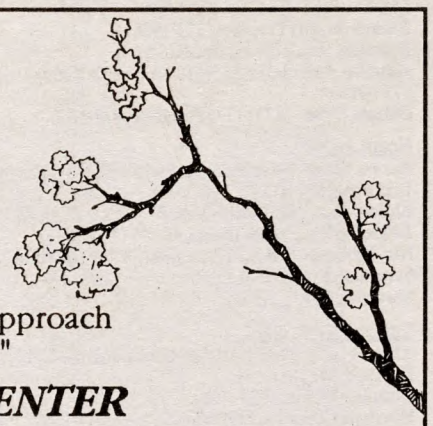

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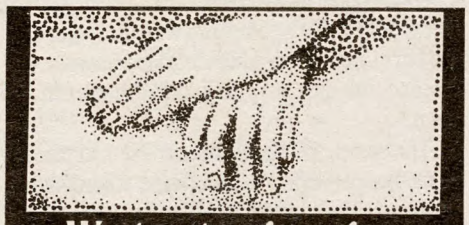

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If There Are Others Out There, We Are Not Alone

Last Year's Hit *Different* Returns

It was probably Georgia's own Flannery O'Connor who enlightened my awareness of social injustices based upon skin color through her analysis of human rights in "Revelation." This regional, often comic, and always poignant recapitulation of the black/white experience of rural Southerners, has held a long term influence on my ability to rise above in-bred prejudices still prevelant outside (and inside) our metropolitan perimeter.

Considering her unrelenting literary use of minority oppression for character development in her writings, O'Connor would no doubt applaud the wealth of recent dramatic literature addressing gay rights, and documented arts ex-poses assisting the growing homosexual voice.

Arts afficionadoes who witnessed last year's production of the musical stagework *Different* feel perhaps Flannery passed on her knack for social reform to two determined Atlanta theater professionals preparing to remount the sell-out theatrical study in human relations.

"We're championing the basic philosophy that "though we perceive ourselves as different, people really are the same," boasts Dan Pruitt, executive producer, director and lyricist of *Different*. Paraphrasing his carefully selected words for one of 22 original songs he calls the show's "anthem of hope," Dan succinctly concludes, "if there are others out there, we are not alone."

Although presented from the gay male perspective, the play's exploration of human relations is really universal," contributes Patrick Hutchinson, composer, music director and choreographer.

"The strength of the show is that we address human relations," Dan predicts, "not just one segment, but all of humanity." Woven together in an ecclectic style favoring the Broadway musical tradition, Different's nine–member cast incorporates a sense of humor about themselves," Dan observes. "The first time I heard people laugh at serious lines, out of recognition... it was revelation." Hear that, Flannery?

"Our approach is from the heart," Patrick reveals, explaining the show's concept. "The story is political in being non-political. We don't compare gay lives with non-gayness." Capsuling Different's story line, the two describe Act One's action as "finding love" and Act Two's action as the motivation toward "keeping love."

Originally conceived during a dinner party, three gay couples rewrote the "I've got the tap shoes, you've got the barn" dialogue of young Judy Garland and Mickey Rooney. The result proved to be a musical play with significant social commentary evolving out of that night's commitment by the six to create a "fun night at the theater" musical revue.

As the depth of the story grew, including an insightful view into dealing with the "gay plague," so did the musical compositions. "With seven new songs since last season's presentation, the revised score draws on a full range of musical tastes from funk to classical, reggae to disco, plus a little '40's "doo-wop," calypso, soft rock, jazz and '50's Broadway flavors reminiscent of "Pal Joey" or Cab Calloway's unique, hot Harlem sound.

JO GIRAUDO

Dan Pruitt (L) and Patrick Hutchinson confer during a rehearsal of *Different*, which returns to Atlanta July 7-30 at Seven Stages Theatre.

"We've combined emotions and music to create an exciting night of joy and laughter," Patrick smiles in anticipation. "It's a wonderful mixture of humor and tears, of people sharing. A sense of coming together – of healing – is reaffirming and encouraging, but not painful. This gentle catharsis illustrates the magic in theater."

"Our ultimate goal is to make a difference," Dan concludes. "We need to get rid of false stereotypes; we can change what's happening."

And for those who need reassurances of these two dramatic artists' success prior to ordering tickets, just reflect on Flannery O'Connor's "Revelation," or ask one of last year's standing–room–only crowds who found courage and strength through their own lives by discovering Dan and Patrick's view of humanity which they chose to label *Different*.

–John Blizzard

Different *runs July 7-30, Tuesday through Sunday at Seven Stages Mainstage Theatre, 1105 Euclid Ave. All performances are at 8:00 PM. Tickets are $12.50, Tuesday-Thursday and Sunday; $14.50 Friday and Saturday. For reservations call 523-7647.*

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DISTRIBUTION

Stonewall

Cont'd from Page 1

Also, where their objectives failed to take ongoing social and political factors into account, new groups did not last very long. However, some members of the short–lived early gay groups managed to forge the National Gay Task Force (NGTF), now the National Gay and Lesbian Task Force–the first gay group with a national scope and a paid professional staff.

One of NGTF's first successes was obtaining removal of homosexuality from the American Psychiatric Association's list of mental disorders in 1974. That same year they took on both ABC and NBC, protesting the way they portrayed homosexuals in nationally scheduled TV programs. In conjunction with the ACLU, they presented legal challenges in a number of cases involving lesbian and gay rights. In 1980, the Democratic Party finally included a gay rights plank in its national platform.

At lest one of the reasons that the Demo's finally took notice was the 1979 March on Washington for Lesbian and Gay Rights. Organized partly as celebration and partly in protest of the homophobic ravings of Anita Bryant, Jerry Falwell and other fundamentalists, the march brought more than 200,000 out of their urban ghetto's and suburban closets. Here, for the first time, was palpable evidence that the movement was capable of organizing on a truly national basis. That doctors and drag queens, fat dykes and fairies, fans of disco and Dvorak could get together and speak with one voice.

In 1980 a group of activists formed the Human Rights Campaign Fund (HRCF). Dedicated to the election of U.S. Senators and Congresspersons sympathetic to gay needs, the HRCF's establishment was notable for several reasons. The fact that we could support *two* national organizations (albeit sometimes shakily) evidenced real growth and maturity. That HRCF required big bucks to do its work meant that it would approach thousands of men and women previously unwilling to be associated with the movement's sometime rag-tag image.

Meanwhile, early in the 1980's, doctors were seeing isolated cases of a mysteriously devastating sickness that killed young men. Gradually, it became clear that they had in common something other than their fatal disease. They were, at first, all gay. And after a while, it became clear that whatever it was that had killed them was spreading like wildfire, via sexual contact. Today we call it AIDS. It has tested us as nothing we have experienced before, and it has taught us that, ready or not, and sick or well, we are our brothers' and our sisters' keepers. It is no longer possible to say, "Gay Is Good," without adding, at least silently, "when Gays live responsibly."

The combination of an egregious national insensitivity to AIDS and the Supreme Court's 1986 decision (in *Bowers v. Hardwick*) that gay people had no right to privacy in their own bedrooms produced a call for a second March on Washington in October, 1987. Organizers called for a million marchers to stand up and show the world that we were a force to be reckoned with. About 600,000 showed up. Far and away the largest civil rights demonstration in the history of this country, although never acknowledged by the mainstream press. Once again the movement had shown its ability to draw nationally from a broad and frequently factionated constituency. And, more important than just a wonderful weekend of fun and frolic, the March drove many to the threshold of discontent. How could we be so free in D.C. and return home to lives of quiet desperation? The result has been a groundswell of activism on both local and national levels.

In a time when we coexist with AIDS, Gay Pride means more than just coming out, more than just parades and The NAMES Project and candlelit memorials, more than even acting out our anger in civil disobedience to prod reluctant officialdom into support that is already long overdue. It also means having the courage not to desert our friends when they need us. It means taking reasonable precautions not to risk contracting AIDS or transmitting it to others. And in the days ahead, it must also mean finding strength and grace to acknowledge our universal kinship with all of suffering humanity.

Finding that universality both with others and in our own community may be the greatest challenge facing us and the greatest gift that we have to offer to the rest of the world. The energy released by the '87 march has resulted in the formation of a plethora of organizations. NGLTF and HRCF have been joined by more than a dozen groups with national agendas. The number of gay/lesbian organizations in Atlanta has almost doubled in the past two years.

Because we are so varied and because so many of us can "pass", it is our responsibility to create strategies and forge alliances unlike any we have previously seen. We must find ways to share our bitterly won knowledge and experience with men, women and children who may not yet believe us capable of compassionate love, and who still cling desperately to the myth that AIDS is something only gay white males get. When we have reached that goal, and not before, it can be our turn to say, "Free at last."

–George Sinclair
with Gary Kaupman

J.E.B.

1979 March on Washington for Lesbian and Gay Rights

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VIEWPOINTS

Staff Editorial

Proud To Be Queer

Lesbian and Gay Pride Week began, for most Atlantans, Saturday night, June 17 at the Pride Prom. It began for the Southern Voice staff a little bit earlier – 9:00AM on Saturday to be exact – when we discovered that someone had attempted to set fire to the newspaper box outside our front door.

The vandals failed miserably in their goal of property damage, but they did succeed – if only for a moment – in making us worry if we weren't just a little bit too open and up-front with our last issue. Information about Lesbian and Gay Pride Week was all over the front page, as well as a story about a lesbian mother. These are particularly inflammatory issues for homophobes, we decided. Talking about ourselves as proud of who we are and talking about a mother who (God forbid) also happens to be a lesbian must have just been too much for our would-be arsonists. We were being too "uppity" in their estimation so they decided to take oppression into their own sick hands and teach us a lesson.

Well, they did teach us a lesson and it's this: fear is the most powerful weapon homophobes have to use against us – and if we think about giving in to it for one moment, if we think of "toning down" our coverage – then we might as well close up shop and go open a "family bookstore" in Jonesboro.

Visibility carries a high price. We all know that, a lot of us have paid it in our personal and in our professional lives. Is it worth it? **YES.** Because it's only by being visible that we gain power – personal power and political power. A closeted life is half a life, make no mistake about it.

Remember that on Pride Day if you march. You are paving the way for an open and protected future for all of us, and for all of us yet to come. The staff of *Southern Voice* salute you as Atlanta's best.

If you do not plan to march – at least send good thoughts and support to the ones who have the nerve to do it for you. And consider it for next year, please.

–Christina Cash,
Managing Editor

Guest Editorial

Making A Difference

A letter from the Field Division of the Human Rights Campaign Fund came across my desk some time ago. It appealed to my interest and made good sense. But it called for me to do something I've never done before: pre-authorizing mail to Capitol Hill – so that they could send messages in my name to members of Congress when critical issues come up. And surprisingly, they often come up on short notice with little time for gay/lesbian and AIDS lobbyists to reach all of us who care before these votes.

For years I've been frustrated. What I find is I've been **reactive** rather than **pro-active** on these issues where I do have strong opinions. So, I spend my time writing to complain about my representatives' vote or writing to oppose legislation that seems too far along for me to change. Then came the HRCF Field Division (formerly the Fairness Fund) letter!

They currently have my permission to send ten 50-word messages in my name where timing and pressure is important. The messages will speak directly to an issue's critical points. They cost just $2.95 each. The Fund sends out quarterly reports on messages sent, their impact and legislative results. Or you can request an immediate copy of the message for just 50 cents each. I can cancel at anytime if I'm not satisfied.

We're on our way. We've done something positive for our sons and daughters. From the quietness and safety of my home, I know that a sensible and thoughtful message will be sent on my behalf on issues that are important to me.

Every letter, mailgram or phone call sent to Congress represents 1,000 voters. And it not only reflects public opinion but also shows members of Congress that our side is organized **in their districts.** Jerry Falwell, Lyndon LaRouche and Phyllis Schafley generate lots of mail – often to deprive our children of their human rights and to pass AIDS hysteria measures that undercut an effective response to the crisis.

Don't you think it's time that you stand up with us – and have your voice heard on Capitol Hill. Not once, but again and again.

--Tom Sauerman,
National Vice-President, P-FLAG

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Christina Cash	Chris Duncan
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Atlanta's Mayoral Candidates On Gay Rights and Pride Week

STONEWALL '89 REASONS TO REMEMBER

Atlanta Lesbian-Gay Pride Week

Maynard Jackson

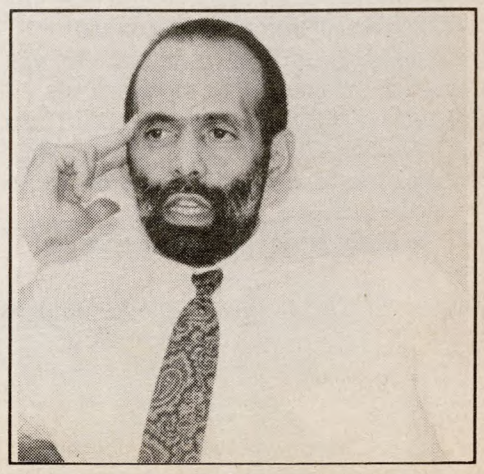
"Gay Pride Week" is a celebration which represents a reflection on the past and the future. "Gay Pride Week" celebrates the past achievements and difficulties overcome by the gay and lesbian community. It celebrates greater political maturity in a community which stands now as a voice to be heard and a force to be reckoned with in Atlanta politics. The journey to this point has been long and arduous, but the gains undeniable.

"Gay Pride Week" also reflects on what remains to be accomplished. The political potential of the gay and lesbian community remains to be fully realized, as does the potential of Atlanta. Atlanta can, and will be a greater city, but true greatness will only result when all of Atlanta's citizens, black and white, young and old, rich and poor, gay, lesbian and straight, know that there are no artificial barriers limiting their ability to live and work in Atlanta and to contribute to the continuing development and betterment of our city. Though our differences may describe us, let our commitment to a better Atlanta define us.

The philosophy that gays and lesbians should live in Atlanta free from fear of violence, harassment, and discrimination, motivated me to issue Atlanta's first Gay Pride Proclamation in 1976. I felt it was important then, as I do today, that the elected leadership in city government demonstrate support for the gay and lesbian community in the struggle to obtain and enjoy all of the rights and privileges of all citizens. "Gay Pride Week" sends a message that gays and lesbians expect and demand equal and fair treatment under the law. As your next Mayor, I shall work to make sure that this message is heard loud and clear by your city government.

So as "Gay Pride Week" approaches - a week of celebration and reflection - let us rekindle our efforts to make Atlanta the fairer and better city we all want it to be.

Michael Lomax



For this nation and this community to remain strong and prosperous, we must embrace "the politics of inclusion" so that each and every American is a full and equal partner in our great democratic society.

I have always believed that the Lesbian and Gay civil rights movement is an essential part of the overall civil rights struggle in the United States. I say this because whenever the rights of *any* minority are not protected through legislation, there exists a strong possibility that the rights of the majority can be undermined as well. As a city, county, state and nation, we must legislatively protect the rights of *all* our citizenry, including Gay and Lesbian citizens.

I am hopeful that Fulton County Government will soon enact legislation that will protect and expand human rights for *all* its citizens. By taking such a step, Fulton County can pave the way for metro–wide action on human rights issues.

We are moving forward in the struggle for human rights for all Americans. I urge you to participate in the fullest manner through active involvement in the Lesbian and Gay Pride March and Rally.

CORRECTION & AMPLIFICATION

In our last issue we failed to credit Johnny Walsh for the interviw with PWA and gay father, George Kish. We regret this oversight and offer our sincere apology.

WARNING: Homophobia Has Been Found To Be Dangerous To Your Health

To the Editor:

Have you ever wondered why the U.S. Surgeon General, the Centers for Disease Control and the like have never ever considered launching a campaign to study the causes and effects of homophobia?

Surely this condition–this syndrome–meets all the criteria of a dangerous, communicable social disease. Just think about the number of lives that are threatened/destroyed every day by the vicious acts of aggressive carriers of this sickness–those folks who stand proud upon their soapboxes and transmit their philosophies about the "evils" of homosexuality to their children, students, neighbors, readers, viewers, congregations and constituents. They willfully breed and spread their germs of prejudice, allowing them to run rampant–hoping they will seek and find innocent victims.

Unfortunately, these aggressive carriers never ever consider the possibility that they too may some day become a victim of this horrible social disease. They could lose a friend or a loved one who decided he/she could no longer cope with the pressures and disgrace caused by this syndrome. Or one day they might find their families divided/destroyed due to its effects.

I think if the federal folks who work so diligently to control/eradicate other horrible diseases that threaten society (and I certainly support their efforts) would sit down and look at the number of citizens affected directly and indirectly by this thing called "homophobia," perhaps they would decide to do something about it–or at least take a shot.

Maybe they could begin by distributing pamphlets describing its "evils"–its horrible impact on humankind. Or perhaps they could require that every story/ article and statement published supporting the philosophies of homophobics bear the familiar rectangular label: **WARNING:** The Surgeon General has determined that the philosophy reflected in this article may cause heartache and could result in permanent injury to society."

–S.M., Atlanta

Viewpoints is part of a continuing effort to provide a forum for our community. We invite your ideas, comments and feelings and your responses to ideas expressed in this space.

The opinions expressed here are those of the authors and do not necessarily represent the views of **Southern Voice**. Submissions should be typed, double-spaced and no longer than four pages. Mail to:

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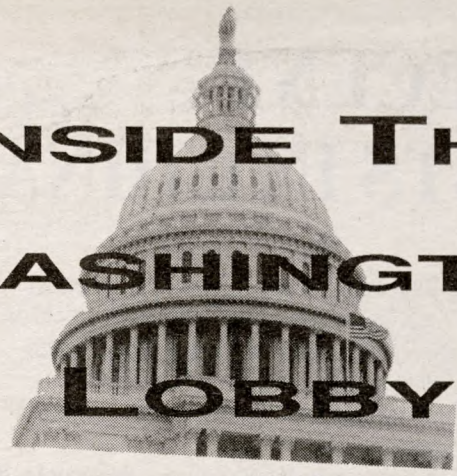

Civil Rights Protection--On the Horizon?

Most civil rights protection thus far for people with AIDS and HIV infection has come through laws that prohibit discrimination on the basis of handicap or disability. For example, almost all of the AIDS and HIV non-discrimination cases in recent years have been brought under section 504 of the Rehabilitation Act of 1973, which prohibits discrimination on the basis of handicap by entities that receive federal funds. And last year's Fair Housing Amendments Act--which prohibits landlords and owners from discriminating against people with AIDS or HIV--simply states in the law that discrimination on the basis of handicap is prohibited.

The fact that protection has come on the basis of handicap or disability has sometimes seemed odd to people with AIDS and HIV. There is a growing movement among people with AIDS to affirm life and not to dwell on the negative aspects of their illness. Some individuals with AIDS do not identify with the concept of "disability" because they believe such a term or concept is disempowering. It is important to remember that "disability" is simply the legal term that defines protection conferred by the law. It explains the basis on which an employer or service provider may not discriminate against a person with AIDS or HIV. It does not reflect the way one lives one's life or undermine the movement to affirm life and to reject giving in to the disease on a personal level.

On May 9, 1989, the Americans with Disabilities Act of 1989 (ADA 89)--one of the most important pieces of legislation this year for people with AIDS and HIV--was introduced in Congress. The bill expands civil rights protection for people with disabilities in private employment, businesses and services, transportation, and communication. In short, under this law, no one may refuse to hire someone or serve someone because of his or her disability, and all new buildings constructed with private funds must be physically accessible to people with disabilities. So far, there has only been one bill passed that protects people with disabilities in the private sector. As noted, last year's Congress amended the Fair Housing Act to extend protection to all people with disabilities in the area of private housing.

A forerunner to ADA 89 was introduced last year by Senators Lowell Weicker (R-CT), Tom Harkin (D-MA), and House members Tony Coehlo (D-CA), Major Owens (D-NY), and Henry Waxman (D-CA), among others. It was an expansive bill, including requirements for retrofitting, within a short period of time, all facilities currently in existence to make them physically accessible to people with disabilities. It would have been an expensive bill to implement, and by January 1989 it was clear that there was significant opposition to the bill.

Four months of intense discussion, debate, and negotiation ensued among the disability community, with the Consortium of Citizens with Disabilities, a coalition of disability groups, playing a major role. AIDS advocates, particularly the ACLU AIDS Project, were also significantly involved. The end result is a bill that offers strong protection for people with disabilities but is also flexible. AIDS advocates had two concerns during the process. The first was to make sure that people with AIDS and HIV infection remained covered under the bill. The second was to make sure that the overall provisions of the bill, which would benefit people with AIDS and HIV as well as people with other disabilities, were clearly written and legally sound.

On May 9, the ADA was introduced in both the House and the Senate. On May 9, 10, and 16, hearings were held in the Labor and Human Relations Committee of the Senate, co-chaired by Senators Kennedy and Harkin, both of whom were among the 27 Senators who introduced the bill. The hearings highlighted problems that exist for people with disabilities. For example, a foster mother described how, when her child died of AIDS, 26 funeral homes in Maryland refused to prepare the child's body for burial. After the committee approves the bill, it will be sent to the Senate floor. Amendments may be offered, in both committee and on the floor, that will try to dilute the protections of the bill or strike out categories of people who are covered.

On the House side, ADA 89 was introduced by 50 members of Congress including Coehlo, but on May 27, Coelho resigned from the Congress. Coehlo, himself a person with epilepsy, was enthusiastic about the bill and his support will be missed. The House has four committees that have jurisdiction over the bill, so it may take some time for hearings to be completed.

Chances for ADA 89 are good. There is strong bipartisan support for the bill and President Bush has noted his support for a bill of this kind. Even the business community, from whom one would normally expect vigorous opposition to this kind of legislation, is officially stating that it is supportive of the basic principle of the bill, although opposed to certain provisions. In the meantime, lobbyists from NORA (the National Organizations Responding to AIDS) and from CCD (the Consortium of Citizens with Disabilities) are educating members of Congress to give them a true understanding of the need for anti-discrimination protection for people with disabilities. This education will hopefully come into play when these members are asked to defeat destructive amendments.

Discrimination against people with AIDS and HIV infection--an unfortunate hallmark of the epidemic--is a kind of second-level devastation. After the first devastation of hearing of the diagnosis or the positive test result, people with AIDS or HIV are often faced with losing their jobs and therefore their health insurance, being kicked out of their homes, and being denied basic rights like service in a restaurant. These actions violate an individual's fundamental civil rights. The sad fact is that almost all people with disabilities face this kind of discrimination to some degree or another. AIDS, of course, also brings to the fore the discrimination engendered by homophobia (the majority of those with AIDS are still gay men, although the demography of the disease is changing), classism and racism (a significant percentage of IV drug users with AIDS are black, Hispanic, and poor). The ADA will finally offer protection to all these individuals against irrational acts of discrimination.

-Chai Feldblum & Laura Markowitz

ON RECENT EVENTS IN CHINA

In 1985, Dr. Fang-Fu Ruan, currently of the Department of Sociology of Texas Tech University, published a short article on homosexuality in a widely-circulated (mainland) China health magazine, *Zhu Nin Jiankang* [*To Your Good Health*]. It was perhaps the first neutral discussion of homosexuality published since the 1949 revolution.

Ruan pointed out that gays exist in all countries and epochs, that there are many more gays than most people believe, that gays are no different from heterosexuals in most regards, that gays can love each other just as heterosexuals can, and that societal treatment of gays is an example of how majorities typically treat minorities. All old news here and in Western Europe, but the article must have come like a bolt from the blue for many repressed Chinese homosexuals.

To Ruan's surprise, the magazine received nearly 60 letters from gay men expressing their gratitude for the article and sharing some of their thoughts and feelings about being gay in a sexually and politically repressive country like China.

Uniformly, the letters are moving. They remind you of letters American homosexuals might have written –probably did write – in the '30s and '40s. "The article...gives us...a spiritual uplift. It gives me a second life," one man wrote. Another man described a "soothing sense of relief never before experienced in my life. It also gives me hope..." And a third called the little two-page article "a great event to medical field. It is a salvation of thought."

Ranging in age from less than 20 to over 50, most of the writers were in the 20-30 range. Most were at least high school educated, several college educated. The occupations included school teachers, soldiers, factory workers, actors, government bureaucrats. Shanghai generated the most responses, though Ruan says that the letters came from almost every region of the country.

They wrote at length about the pain and stress in their lives. Criminal Law No. 106 in China says, "All revolting behaviors should be subjected to arrest and sentence." If the language reminds you of recent Western language about the "crime not to be mentioned among Christians," you would be right, for sodomy is one of those "revolting behaviors." One letter was actually from a prison inmate, a high school physics teacher by training who was arrested in September 1983 and sentenced to five years in prison for homosexuality.

The chief pain for most, not surprisingly, lay in the secrecy and self-repression their lives entailed and in the consequent inability to find emotionally and physically satisfying relationships. One married man described a 10-year unconsummated love for a friend: "My heart," he wrote, "is full of contradiction and pain. I pretend to be happy in front of others, but when I was alone I cried with pain."

Another man wrote: "The pain that homosexuals suffer most lies...in their inability to find suitable lovers. All homosexuals lock their feelings in their heart. They are so afraid of being discovered that it makes it impossible to live their life."

A rare glimpse such as Dr. Ruan provides should sensitize us anew to the deep human pains of individuals who live in totalitarian regimes. It is hard to think of such a regime that is good for gays: China, Cuba, the Soviet Union, Iran, all are viciously repressive.

Not for this only, yet for this too, it is impossible not to be

absolutely riveted by the recent and continuing drama in China, of the sudden eruption of urgent demands for more political openness and democratic participation. And those events are simply a sudden distillation of equally remarkable events that have been on-going in the Soviet Union for the last year or more and in parts of Eastern Europe for even longer.

No one who grew up in the early years of the Cold War could possibly have foretold these events.

When I was young, we not only had fire drills in school each month, we also had air-raid drills. We read *1984* and *Darkness at Noon* and understood the non-reversibility of Communism: it was not possible to challenge, much less defeat, Big Brother. And "we," the "free world," never did really seem to have a plan to take the ideological initiative away from the ever-expanding Communist power.

What was wrong with that analysis? Did "we" do something right? Or did "we" simply manage to buy time (and at what enormous cost in both weaponry and lives?) while some internal contradictions in Communist theory or inadequacies in their practice worked themselves to the surface?

We cannot yet know because the events are not over. In both nations dissidents may utterly fail. What we can see, however, is that neither *glasnost* (as in Russia) nor *perestroika* (as in China) can long exist separately without producing a desire for the other: people who experience freedom in one area of their lives come to want freedom in other areas as well.

Thus, of course, China and Russia have been right to view Western democracies as permissive, decadent, dangerous. It is the inability (or lack of desire) of Western states to control all areas of life that leaves people freer in their social, political, economic, religious, and sexual behaviors. Attempts by the state to control any one of those are resisted by people who have the gratifying experience of self-determination in any or all of the others.

Which may be why in *1984* Winston Smith's secret and illegal love affair was both a symbol of and a spur to his dissent. And why the rulers in Huxley's *Brave New World* tried to make sexuality so accessible that it was rendered meaningless with no social or emotional entailments.

--Paul Varnell

heterodoxy, *n.*
the quality or fact of being an opinion contrary to that which is established or generally received.

A monthly column by KC Wildmoon

Pay No Attention To The Endorsement Behind That Curtain

I was sitting at my desk one day, having just returned from the Great Northeast, just sitting there, staring at the computer screen trying to remember what it is I do here. Suddenly a noise from the printer…I looked and perchanced to see a political advertisement, one for a candidate in the distant mayoral election, a full page advertisement paid for by a bunch of Community Leaders, Atlanta Businessmen/women, Atlanta Artists, AIDS Activists, etc etc etc. What's this, said I, So early in the summer. And I started to think…Political endorsements. A standard staple in the diet of democracy, it seems, but are they really healthy? Are they really harmless little ads that help pay for an issue of the paper and get the candidate's name out for the People to see?

I wondered if maybe a political advertisement carrying the names of prominent and semi-prominent members of Our Community (or *any* Community, for that matter) has another purpose. Maybe what the damn thing is really saying is this: Hey. We understand it's just too much trouble for you to think about this election, especially since it's only June and the election isn't till October, so look what we've done. We've thought about it for you. And here's who you should vote for. After all, *we're* your leaders. We've been working in politics for years, and we understand it all so you don't have to.

Surely not. I can't quite imagine that being the real intent of those who place such ads. But just the same, the result has that implication. Think about it: we're inundated with meaningless political ads on television, the radio, newspapers, magazines, billboards, placards on neighbors' lawns…and what do we really know about the candidates and their positions? We get shrink-wrapped candidates signed, sealed and delivered by Folks who are, by their own admission, far more knowledgeable about such things than we Average Folk could ever hope to be. The implication is that we are just too apathetic to understand it. And to be honest, our voting record and knowledge of basic civics has given that impression time and again.

Politics isn't much like Real Life, but it's not a mystery reserved only for the initiates. Maybe it's time for a bit of de-mystification of politics and its processes…I suspect that it's just not as complex we've been led to believe.

But it will not, cannot, be easy. Re-education never is. We will be challenging some of our basic assumptions about what being a responsible citizen (in a system that makes it hard for Us from the start). Some of us will be thinking about that sort of thing for the first time. But we *can* find out more about it all…ask questions, read the papers, attend meetings where the candidates are appearing and *listen*…

And those of you out there who already know it all…hang on to your money a little longer. Don't automatically assume we are too busy/ignorant/apathetic/etc to understand. And please don't treat us like you're privy to some information we're not. Instead share it with us, lend us a hand. An extensive, and I do mean extensive, voter education project is long overdue. Help us all out. We'll stand a far better chance of electing the kind of officials we really need that way.

Headaches, Numbness, Stiffness and Pain
are signals that something is out of line.
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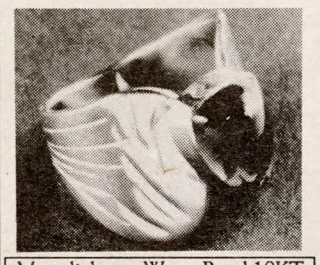
Moonlight on Water Band 18KT w/Amethyst Cabochon
Love and Skill
and Gentle hands...
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Contemporary & Custom Jewelry with Character by
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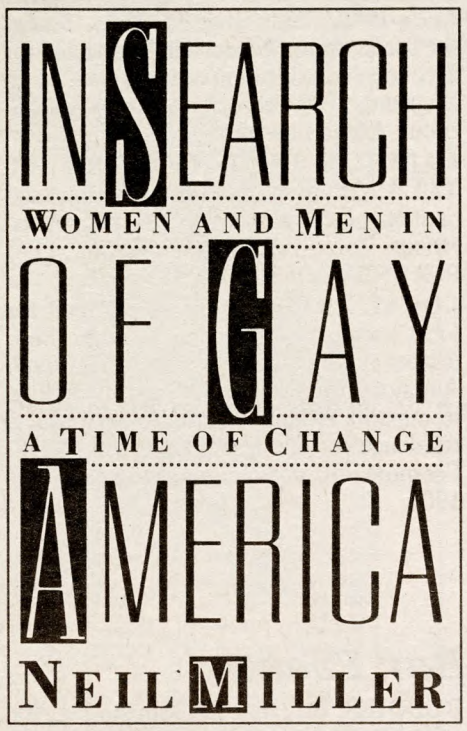
On the Road with Neil Miller in Search of Gay America

In Search of Gay America: Women and Men In A Time Of Change
by Neil Miller
The Atlantic Monthly Press, 1989
309 p., $18.95 hardback



In search of Gay America: Men and Women in a Time of Change is a book the lesbian and gay community has needed for a long time. By traveling the country, going to places where one might not expect to find gay people, Miller interviews and describes by example the ways we as lesbians and gay men are creating our own existence, in spite of the obstacles society puts in our path to prevent us. What this book does valuably is demonstrate the diversity of gay and lesbian lives as they are lived in this country, from Latina lesbians in San Antonio to gay couples in San Francisco to Presbyterian seminary students in Louisville to AIDS activists in North Dakota. Miller tells our story without sensationalism or extreme advocacy – just quiet, direct, compassionate honesty.

In a real sense, Miller's book is about things society has tried to deny us – like a chance to live in our birth communities, the opportunity to be parents, access to spiritual comfort, etc.–and how we have attempted to hold on to or try to replace those things. Because of this focus, Miller's interviews with well-known figures like Roberta Achtenberg (loser in a race for the State Senate in California), Rose Mary Denman (a suspended Methodist clergy who had a clerical trial), and Barney Frank (openly gay Congressperson from Massachusetts) are less interesting than his portraits of less well-known people like Darrel Hildebrant, North Dakota's AIDS activist who has become so locally well-known (or notorious) in Bismarck that the headline "Hildebrant Speaks" is sufficient to run in the local newspaper. There's Bob Almsted, the first openly gay policeman in Washington, D.C., who describes how he earned the respect of the D.C. police force – by responding immediately to calls from other cops, performing professionally and reminding them that he is gay as he leaves. There are Mo & Ellen, two lesbian mothers debating the anonymous sperm donor issue, and David Hernandez, the Hispanic UCLA med student who works on the loading dock and discusses his membership in UCLA's first gay fraternity.

Miller also does a good job of describing stories from rural America that have resulted in situations like the election of an openly gay mayor in Bunceton, Missouri. Miller shows us how society limits us, how we limit ourselves (sometimes out of necessity and sometimes out of fear), and how people can come to accept us, grudgingly, if given the time and opportunity to get to know us.

The danger with a book like this, one that seeks to tell so many stories and cover such a huge topic, is that no subtopic gets enough space for a fully developed story. Miller does not completely escape this problem. Each chapter could, of course, be a book in and of itself ("Farms, Coal Miners and Small Towns", "Race and Culture", "Law, Politics, and Activism", etc.) and each focus reflects the author's prejudices, as well as the accident of whom he happened to meet on his journeys. The chapter on "Religion", for example, focuses on organized religion and slights the creative and affirming alternatives that the gay community has created to replace the homophobia of the major denominations. Within that limitation, Miller describes well the yearning for the spiritual support that society has tried to take from us. But the reader should remember that only a portion of the story is here, with a large chunk of the rest of the story left for another book to tell.

How things have changed for the gay community over the past fifteen years is clearly demonstrated by comparing *In Search of Gay America* with another travel-across-the-country-and-assess-the-state-of-gay-America book, Edmund White's 1980 *States of Desire*. Miller, for instance, is inclusive of lesbians, while White was not – a clear reflection of the change in favor of a co-sexual community that is occurring across the country. Most of White's travels were in urban America, implying activity only within urban gay communities, nothing going on in the rural areas; Miller finds the urban gay communities rather homogeneous, and goes to rural areas to make his points clearer by comparison. Also, White was much more focused on sexuality; Miller makes a conscious effort to present broader existences and to focus on racial and spiritual issues, and indeed, ignores sexuality in a way that some might consider prudish or ostrich-like. But then describing experimentation with sexuality was an important part of '70s activism; for activism in the '80s and '90s, it is not sexuality, but issues like AIDS and the lesbian baby boom that better describe the nature of our current existence.

Ultimately, of course, Miller's project is too big for the final result to satisfy me or anyone, even if it were extended to 1,000 pages. Each of us has a story and Miller could never tell them all. I also have trouble imagining the straight people who will buy this book, even though they are the ones most in need of learning what Miller has to say. But *In Search of Gay America* also has a message for both the self-centered gay man and the separatist lesbian who have yet to perceive the enormous diversity contained in the gay community and the enormous power and support that such a solidarity has the potential to create. It is remarkable how this book, seeking to be all things to all people, comes so close to succeeding. It is a book well worth your time and money.

-- Al Cotton

Vim & Vigor with Viv, Venessa and Vixon

The alarm rings at 6 a.m. and it's Venessa's turn to fix the **organically grown Cafe Altura** for her, and **Traditional Medicinal's Smoker's Tea** for Viv - it's been 6 1/2 weeks now.

Spring-time in June and it's a quick 2 miles with Vixon in the lead. Back home, and Viv mixes the **Electrolyte Replacement Powder** while Venessa pours **Crystal Springs Pure Water** for Vixon - nothing but!

Viv's been fighting a summer cold, so... she opts for *Sevananda's* **Brand Calcium & Magnesium w/ Zinc, a C- cap,** and a **Rainbow Light, Advanced Defense System tab.**

Venessa prefers the **Ultimate III Vegetarian Multi** for all her supplemental needs.

Why is Vixon pouting? Venessa knows and grabs the **Nutro Premium Dog Food.** Vixon's an active dog of the eighties and demands the nutritional best.

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Piedmont Ave. • Plaza Level • 876-5748
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The Musical Celebration About Being...

'DIFFERENT'

Opens Friday, July 7! Special Preview July 5 & 6.

7 Stages Mainstage: 523-7647

(Special Preview Ticket Price—$7.50, Wednesday & Thursday, July 5 & 6)

This program is supported in part by the City of Atlanta, Bureau of Cultural Affairs.

PUMP UP WITH PRIDE AT...

Buddies
Our Name, Says It All.

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Slick back your hair, put on your blue suede shoes and Join Us for a 50's & 60's Sock Hop.
Prize for best Period Dress.

Saturday, June 24 after the PRIDE MARCH

Get Muy Gordo on Free Taco's with your Pitchers of Margaritas

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in Concert

Monday Evening, July 10
8:00 pm
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(1105 Euclid Ave.)

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Charis Books & More...
and
The Boy Next Door

• produced by SISTER SISTER productions •

GO MAD WITH PRIDE!
(Madhatter's Party June 23)
9:00pm UNTIL...
(Prizes for Best Hats)

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Tuesdays: Cool Jazz and Hot Wings
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"Open to All Members of the Gay and Lesbian Community."

735 Ralph McGill Blvd., Atlanta
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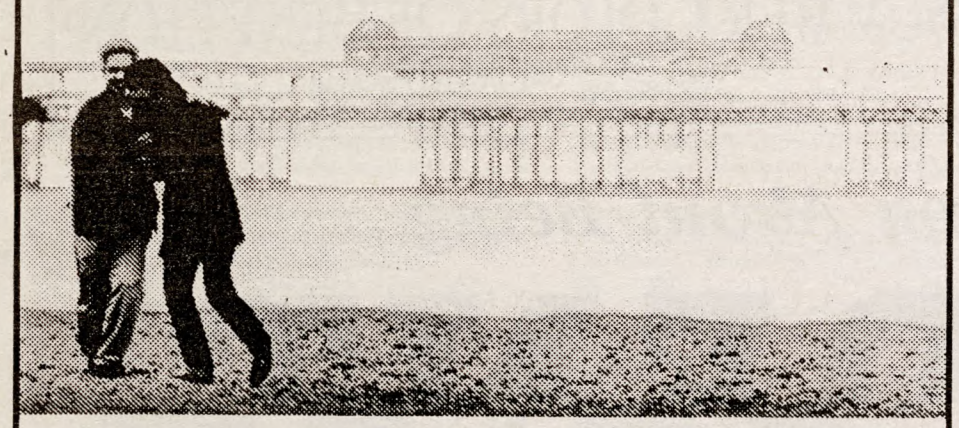
A story of friendship and freedom from the creator of "Letter to Brezhnev."



WONDERLAND

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FOOD DRINK SPECIAL ENTERTAINMENT
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THURSDAY JUNE 22 6 - 9 PM

CALENDAR

Art

"ATHENA TACHA: PUBLIC WORKS 1970–1988." Sun., June 25, 2 PM. Sculptor Tacha, from Greece, will be on hand for a lecture and exhibition on her works. High Museum, 1280 Peachtree St., Hill Auditorium. Admission free.

CARLTON COBB GALLERY AT TULA. Group show featuring abstract and contemporary works by several artists. Hours: Tues.–Fri., 10:30–5:30; Sat., 11–5 PM; 75 Bennett St. Call 355-5676.

LOCAL ARTISTS. There is a call for local artists to exhibit their work this September at the annual Olde English Festival. A major portion of the 1989 profits will go to support Atlanta's Jerusalem House, a residence for homless people with AIDS. For more info, contact Tom Broyles at 455-1902.

Bar Events

BUDDIES. Fri., June 23. Join the gang for a 50s/60s Sock Hop! Free tacos with pitchers of margaritas every Sat., Noon–8 PM. And–cookout every Sunday at 4 PM. Open daily at Noon. Cheshire Square, 2345 Cheshire Bridge Road. 634-5895.

THE TOWER. Cool jazz and hot wings–every Tues. Pool tournament and pizza–every Wed. Open to all members of the gay/lesbian community. 735 Ralph McGill Blvd.

CLUB 551 DOWNSTAIRS. Featuring live entertainment, female impersonation. Fri./Sat. shows at 11 PM and 1 AM. Bare Expressions, Tues. & Thurs. shows at 10:30 PM & 12 Midnight. 551 Ponce de Leon. 873-4052.

LIPSTIX is female impersonation in Atlanta. Shows–Wed., Thurs. & Sun. 10:00 PM & 12:00 AM, $3.00 cover; Fri. & Sat. 11:00 PM and 1:00 AM. 2329 Cheshire Bridge Road, Cheshire Sq. 633-0452. (*Reservations suggested*)

Exhibits

ZOO ATLANTA. New outdoor habitat exhibit opened June 9. *Masai Mara* recreates an African Savannah in Atlanta. Hours: Weekdays 10:00–4:30; Weekends 10:00–5:30. Admission: Adults $5.75; Children $3.00; 3 years and under Free. *Group rates, reservations and advance tickets available.* For more information call 624-5600.

Festivals

KINGFEST '89–The MLK Jr. Center for Nonviolent Social Change Cultural Affairs Program offers an ongoing summer arts festival beginning June 10 and running every other weekend through Aug. 20. 222-2089 for info.

Literature

FATAL REUNION. Australian author Claire McNabb (*Lessons in Murder*) celebrates her second mystery featuring detective inspector Carol Ashton with a U.S. tour. Ms. McNabb will read from her new book and answer questions. Thurs., June 22 at 7:30 PM. Charis Books & More, 419 Moreland Ave. Free. 524-0304.

Meetings

FOURTH TUESDAY. Tues., June 27. Guest speaker will be local attorney Jeri Kagel, with updates on donor insemination. A founder of Karuna, an Atlanta women's counseling center, this is Ms. Kagel's 3rd appearance before 4th Tuesday. For more info, call 662-4353.

AVS BOARD MEETING. Tues., June 27. Atlanta Venture Sports (Happy 12th, gang!) will hold its monthly meeting at Lambert/Dupree. 7:30 PM.

CODA (CO-DEPENDENTS ANONYMOUS). Tues. & Wed., June 27 & 28 and every Tues. and Wed. A 12-step program of recovery from codependency for gays and lesbians. 239-1657 for locations and info.

BWMT (BLACK & WHITE MEN TOGETHER). Sat., July 1, 8 PM. 794-BWMT for location and details.

AALGA (AFRICAN-AMERICAL LESBIAN/GAY ALLIANCE). Sun., July 2. Quaker House. 4:00 PM.

CHRYSALIS WOMEN'S CENTER provides professionally lead support group for lesbians every Friday night from 7:00–8:30 PM. (*Call 881-6300 for directions and information.*)

Music

CHUCK MANGIONE. Sat., June 24. Chastain Park.

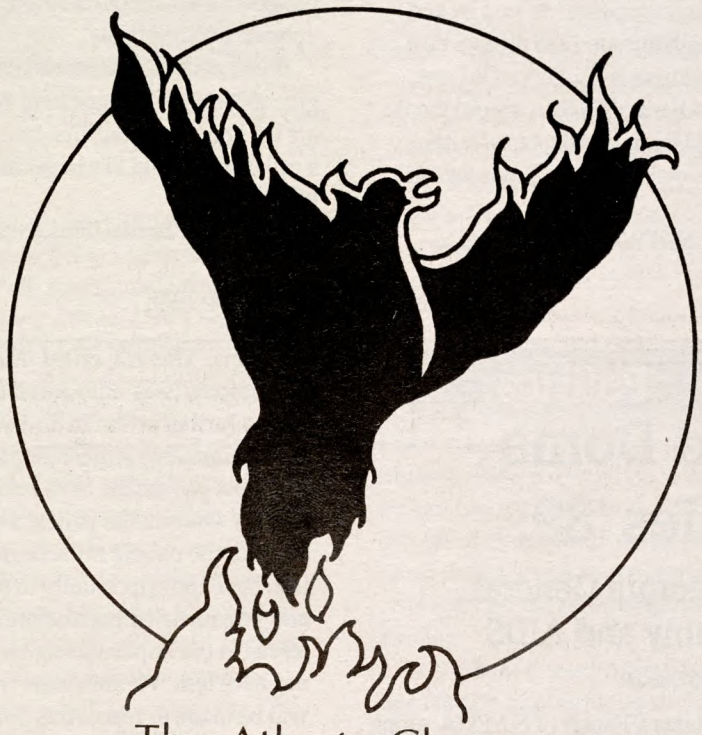
ASO PRESENTS: Eight free summer park concerts. Wed., June 28, 7:30 PM. G. Hauson , Cond. Perkerson park. Sponsored by C & S Nat'l Bank. For more, call 898-1182.

LOVE & ROCKETS. Wed., June 28. This is one to see. Fox Theater.

Jon Goldman (L) and Brian Mercer star in *Fly High* at Onstage Atlanta June 22 through July 1. Atlanta playwright Jim Knoll looks at two buddies, love, life, AIDS and the triumph of the spirit in this production by SAME. Photo by Pamela J. Cole.

Alive & Aware

PUBLISHED BY
THE ATLANTA CHAPTER
OF THE NATIONAL ASSOCIATION
OF PEOPLE WITH AIDS



The Atlanta Chapter
NAPWA©

A NEWSLETTER FOR PEOPLE
WITH AIDS, ARC, HIV
AND OTHERS WHO CARE

Volume III, Number 7

Summer '89

SELF-EMPOWERMENT: WHAT NAPWA IS ALL ABOUT

By Tim Dwyer

The Atlanta Chapter of NAPWA was created by and for people with AIDS and HIV disease to provide the person with AIDS or HIV with the best possible working tools available, so that he/she may gain as much control over his/her life as possible. We believe absolutely that the best approach to AIDS and HIV is in the ability of an individual to be able to control factors influencing his/her life. Only by being well informed, and by being made aware of as many possibilities as are available, is the individual able to make the best decisions for themself. NAPWA's purpose is to take whatever actions, and to provide whatever services are necessary, so that the person with AIDS or HIV may reach this level of self-empowerment. Personally, one of the most important accomplishments I could achieve in my lifetime would be the ability to instill in others the philosophy and practice of self-empowerment.

One may see the necessity of self-empowerment by looking at what exists in its absence. When an individual perceives they have no control over their situation, they exist in a state of helplessness. Many professionals today believe that an individual's perception of not being in control creates many psychological illnesses (depression, stress, isolation) and behaviors (suicide, drug and alcohol abuse) and even physiological disorders (stroke, heart failure.) When an individuals belief in helplessness is taken to its most extreme form, it may even cause death.

The following are accounts of an actual anthropological observations of primitive tribes and their belief systems...

"A Brazilian Indian condemned and sentenced by a so called medicine man is helpless against his own emotional response to this pronouncement and dies within 24 hours. In Australia, a witch doctor points a bone at a man. Believing that nothing can save him, the man's spirits rapidly sink and he prepares to die. He is saved, at the last moment, when the doctor is forced to remove the charm." *(Richtree, 1957)*

...It is not very hard to see how this type of thinking may relate to a person with AIDS or HIV.

Imagine for a moment that you are in the shoes of a gay male (if you're not already,) and you are in the following scenario. You are born into an unapproving society. Your sexuality is not only denied, it is also denounced. You are a member of a minority, one which society would like to keep oppressed and helpless. Every time you exert control in your life and express who you are, you receive negative feedback. Every natural behavior and emotion you have are seen to be wrong. What do you do?

All to often, you submit to the society around you. You internalize what they are telling you. *You believe them!* How does one go on in a situation like this?

Often, the individual has seemingly accepted that they are helpless in their situation, and they compile a variety of defense mechanisms to assist them in their learned and accepted role. Quite often they experience many of the psychological problems and behaviors that accompany this helpless role, as discussed earlier (such as alcohol and drug abuse.)

Imagine that you are this person, and now here comes AIDS. Can you possibly go on with the way you have been living, feeling? Have your normal borders of reality been shaken? Do they even exist anymore? You see life life with such clarity that it hurts. Game-playing is unimpressive and futile. Old defense mechanisms don't work anymore. You are forced to look at yourself without blinders, and what you see is all to clear. *This is the most important moment in the rest of your life! You must make a decision on how you are going to live!* You can either live like the Brazilian Indian, doomed to the helplessness of his fate, or you can fight for control of the important factors in your life, and strive for self-empowerment.

Here is where NAPWA comes into play. NAPWA believes that we have we have the ability to improve the quality, as well as the quantity, of our lives. We believe that you can surmount the obstacles, and take control of your own body, your own life. Research agrees that this is a common trait among long-term survivors of AIDS. *(See,* What Long Term Survivors Have In Common, *at right.)*

After viewing the facts, we hope that every individual who has to deal with AIDS will *choose to live, and strive for quality in their life through self-empowerment.* NAPWA is here to promote the characteristics of long-term survivors. We invite you to join us, and dare you to go on living, with AIDS, self-empowered.

NEW Treatment Digest Inside

So, You Just Tested Postive...

First Things First

If you have just found out that you tested HIV positive, or if you've known for a while but this is the first time you've reached out for information, RELAX. You have time to learn what to do. There is a lot of information known about HIV infection. The more you learn about it, the more optimistic you will probably become about your situation.

There Are Reasons to Be Hopeful

Research IS producing some exciting new leads. We can expect better and better medicines to emerge which will slow or halt the progress of HIV infection. New drugs are being designed to attact the virus at its weak points.

There are treatments available now that appear to be slowing HIV progression. Your

Cont'd on Organizational Update Page
(Inside Back)

What Long-Term Survivors Have In Common

When long-term AIDS survivors compare their experiences, they find that they have many characteristics in common.

According to a recent study conducted by Dr. George F. Solomon, a researcher in the emerging field of psychoneuroimmunology at the University of California in San Francisco, they share the following beliefs and characteristics:

They are realistic and accept the AIDS diagnosis but do not take it as a death sentence.

They have a fighting spirit and refuse to be "helpless-hopeless."

They have changed life styles.

They are assertive and have the ability to get out of stressful, unproductive situations.

They are tuned in to their own psychological and physical needs, and they take care of them.

They are able to talk openly about their illness.

They have a sense of personal responsibility for their health, and they look at the treating physician as a collaborator.

They are altruistically involved with other persons with AIDS.

These characteristics are all types of self-empowerment. Try to incorporate them into your life if you haven't already. **They work!**

MISSION STATEMENT OF THE NATIONAL ASSOCIATION OF PEOPLE WITH AIDS

We are people with AIDS, people with ARC, and people with HIV who can speak for ourselves to advocate for our own causes and concerns. We are your sons and daughters, your brothers and sisters, your family, friends, and lovers. As people now living with AIDS,ARC, and HIV, we have a unique and essential contribution to make to the dialogue surrounding AIDS, and we will actively participate with full and equal credibility to help shape the perception and reality surrounding this disease.

We do not see ourselves as victims. We will not be victimized. We have the right to be treated with respect, dignity, compassion and understanding. We have the right to lead fulfilling, productive lives-to live and die with dignity and compassion.

NAPWA will network with other PWA's, PWARC's, and HIV+'s, regardless of race, color, creed, national origin, gender, age, disability and sexual or affectional orientation. We are born of and inextricably bound to the historical struggle for rights-civil, feminist and gay, physically challenged and human. *We will not be denied our rights.*

ATLANTA NAPWA: STATEMENT OF PURPOSE

Our purpose is to promote self-empowerment of People with AIDS, ARC, & HIV by:

- Educating people who have HIV about the spectrum of HIV disease so they can make informed decisions about their lives.
- Enhancing the general public's understanding of HIV disease through education and support.
- Helping develop and implement support services and programs that will enhance the quality of our daily lives.
- Becoming equal partners with our health care providers and service organizations.
- Advocating for our rights and welfare and educating ourselves about the issues we face.
- Educating ourselves and others about methods of HIV transmission.
- Continuing to have control and

Kurtis J. Rahn, Editor — Tim Dwyer, Associate Editor

Staff

Larry Anderson, Richard Mueller, Arthur Paquette, and all of the NAPWA volunteers.

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(NAPWA)
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Alive & Aware is published by and for people with AIDS, people with AIDS Related Complex, and people with HIV. We strongly urge PWA's, PWARC's, HIV+'s, and our supporters to contribute articles for publication.

Alive & Aware is published and distributed by the Atlanta Chapter of NAPWA in cooperation with Ryan Publications, Inc. Opinions expressed are those of the individual authors and in no way represent official opinions of NAPWA, nor any other group or agency mentioned herein.

Articles contained herein are for information only and do not constitute an endorsement of any experimental therapy or drug treatment. Persons interested in experimental drugs or alternative therapies should consult with their health care practitioner.

The publication of any name or image in *Alive & Aware* does not necessarily imply anything about that person's condition of health or sexual orientation.

The Atlanta Chapter of NAPWA is a non-profit, tax exempt, membership corporation in the State of Georgia. All contributions are tax deductible under section 501(c)(3) of the Internal Revenue Service code.

Alive & Aware is dedicated to the memory of two of its previous editors, Ralph Ginn and Jim Gilley.

Director's Report

There is now a space in Atlanta that is specifically for PWA's, PWARC's, and HIV+'s, the new offices of the Atlanta chapter of NAPWA. We encourage all our members and supporters to stop by and visit. Office hours are 12 to 5, Mon. thru Fri. Our new address is 131 Ponce De Leon, Suite 233, Atlanta, 30308. A special thanks to Helping Hands of Atlanta, who have provided a majority of the funds for our office.

Atlanta NAPWA is also pleased to announce that we have received a grant of $31,000 from the Metropolitan Atlanta Community Foundation. These funds will be used to improve our PWA job and roommate referral programs, and our peer counseling program. The funds will also provide for a full-time program director/volunteer coordinator.

If you have a problem and need help, give us a call. If we can't help you, chances are we know someone that can. Also give us a call if you would like to get involved. WE NEED YOU!

Kurtis J. Rahn, Executive Director, Atlanta NAPWA

Atlanta NAPWA • 404-874-7926

Politics

Gold Dome Follies '89:

The Georgia General Assembly and AIDS

by Gil Robison

The Atlanta Chapter of NAPWA, along with several other local groups serving the AIDS community, is represented at the Georgia legislature by the Georgia AIDS Coalition (GAC.) GAC's purpose is to influence legislation to create more humane and effective methods of dealing with the AIDS crisis.

The 1989 session of the General Assembly is now over. It offered us, in contrast to past years, an opportunity to be more pro-active. For the previous three sessions, we had been primarily concerned with defeating ill-thought-out and repressive legislation, such as quarantine and mandatory testing for HIV. Last year, with the passage of the Omnibus AIDS Bill, most of these issues were resolved, generally to our satisfaction.

This year our number one priority, and greatest success, was the funding of a new Medicaid program. Many PWA's are uninsurable or unable to afford insurance, yet they have incomes too high to qualify for Medicaid coverage. Medicaid for the Medically Needy, Blind, and Disabled will allow people with AIDS, and other chronically ill persons, to subtract their medical expenses from their income when determining whether they fall below the income ceiling of $354.00 per month that is necessary to qualify for Medicaid. The Georgia AIDS Coalition joined in an informal alliance with other advocates for the chronically ill and indigent to push the passage of this important appropriation. The Medically Needy Program will help PWA's pay for AZT when the federal program expires, and will create a pool of $12 million for indigent health care in Georgia.

This year the Georgia Department of Human Resources made AIDS funding its number one priority, requesting $3.5 million for a variety of educational and health care programs. After a series of battles in both the House and Senate, $2,252,661.00 was approved. To that will be added $2,589,019.00 in federal money. At the last minute, another $90,000.00 was put in the budget to establish a pediatric AIDS clinic at Grady Hospital.

On To Next Year

House Bill 999 will allow a person to designate someone in advance to make medical decisions for him/her if he/she becomes unable to do so. Current Georgia law is unclear on this subject, and physicians frequently don't know whether to turn to family members, friends, or lovers for advise in making these crucial decisions. This bill, called "Medical Power of Attorney," was introduced this year, but awaits further action in next year's session.

The Omnibus AIDS Bill, passed in 1988, prohibits physicians from testing a patient for HIV without the patient's consent. Instead, the patient must be informed of the test, have the opportunity to refuse the test, and be counseled both before and after the test as to the implications of a positive or negative test. We anticipate that an attempt will be made to repeal this important law, and we are opposed to this repeal effort. Far too many times, an unwanted test result in a person's medical record has caused the loss of their insurance coverage, and even employment.

In this year's session a high-risk insurance pool was established. It will provide insurance coverage for the uninsurable chronically ill, including PWA's. However, there are drawbacks to this scheme. Premiums will be higher than average policies, and benefits would be more limited than those of most policies. Unfortunately, the $3 to $4 million needed to fund the high-risk insurance pool was not allocated by the legislature. The Georgia AIDS Coalition will be working with other groups to establish funding in next year's session.

House Bill 974 arose out of a controversy in Reseca, Georgia, where residents were unduly alarmed at the opening of an AIDS residence. The bill would allow a local counties Board of Health to regulate AIDS hospices and residences in order to protect the health, safety, and welfare of residents in the surrounding area. It will also allow the local counties to regulate them more stringently than the state's Department of Human Resources does now. This bill was born out of an hysterical misunderstanding about the nature of HIV transmission. The Coalition opposes this bill, and will be working for its defeat in the 1990 session.

Perhaps the most exciting legislative proposal coming up is the one known as the AIDS Waiver. It would allow PWA's who otherwise qualify for nursing home care to receive health care at home, if they so choose. Since no nursing homes in Georgia accept people with AIDS, this would be of great benefit to PWA's, who must now remain in hospitals if they are unable to afford home health care. The AIDS Waiver's $10 million price tag makes its passage a rather ambitious proposal. The AIDS Waiver was proposed last year, but was not approved by the Governor's office. The Coalition will be advocating for its passage this coming year.

Since the Coalition's beginning two years ago, we have relied on NAPWA's financial support, and, more importantly, their input and leadership in determining the needs of Georgia's PWA's. In the midst of the AIDS crisis there are few things more empowering than facing a seemingly unresponsive State Legislature, and effecting change for the better.

Art

AIDS ART ACTION

By Christian Walker

AIDS Art Action was conceived as an artist initiated collaborative project that pairs visual artists with people infected with the HIV virus to create works based in the political and cultural realities of the disease.

The initial idea for the project was generated by Atlanta artist Stebbo Hill. Playwright Rebecca Ranson and I joined Stebbo as project facilitators. Southeastern Arts, Media and Education Project, Inc., an arts organization dedicated to social change, provides office space and administrative support.

In August 1988, a letter which outlined the concept was sent to a number of Atlanta artists, people with AIDS, people with ARC, and HIV positive individuals. All were asked to submit a statement about why they would be interested in participating, and the visual artists were requested to submit slides of past work. This call to action resulted in a selected group of twenty individuals to make ten collaborative pairs. At present, the cultural diversity of the group is one of the most interesting and engaging aspects of the process. Of the artists, half are women and three are black. Both heterosexual and gay identified artists are represented. The individuals most affected by AIDS include foster mothers who care for HIV positive babies, blacks, women, and gay men, who at present comprise the largest population of people with AIDS in the United States. As artists and non-artists, we are emissaries, a group of individuals who have come together to give expression, in the form of the art object, to those battling the HIV virus.

Many of the artists working on the project are exploring new directions and experimental applications in their work. Pat Courtney and Cynthia Cole are working with foster mothers of HIV positive children. While Pat's approach is analytical and political, Cynthia's work is spiritual and psychological in nature. Irene Ledwith is working with a young woman who is HIV positive and was recently engaged to be married. Their collaboration concerns the metaphors surrounding women with AIDS. The issues of metaphor versus direct political and educational work has been an ongoing topic in our group discussions. Athens artist, Bill Paul, has stated that he found dealing with the metaphor of AIDS easier than dealing with direct confrontation. Madeleine St. Romain and Tim Kevin, long time ACME Theater members, are collaborating on a performance/installation.

The non-artist collaborators working on AIDS Art Action are a courageous group. They have experienced the trauma and humiliation first hand. Through our group process and our one to one interactions, their experiences infuse our object making and our journal keeping. Their voices allow us to make the political personal, the personal political. It is the non-artists who give us access back to the community. Theodore Field, AIDS Art Action participant has stated "In striving for originality the artist has taken off into the stratosphere, leaving the general public behind and shrouding the artist in misunderstanding. This project will help in bringing the artist back to earth, seeking answers to the questions in someone else's heart."

(Reprinted from Art Papers, March 1989)

Alive & Aware

HIV Treatment Digest

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OF THE NATIONAL ASSOCIATION
OF PEOPLE WITH AIDS

TREATMENT INFORMATION
FOR PEOPLE WITH
AIDS, ARC AND HIV

The Atlanta Chapter
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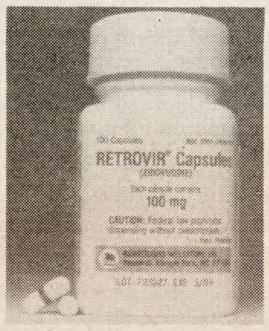
AZT Resistant Strains Appear



The following is a collection of articles we have pulled from the vast resources of AIDS treatments literature that we feel are the most important to the person with AIDS or HIV.

For any specific questions that you may have on any drug or treatment approach, we maintain updated files on the various treatments at the Atlanta NAPWA office.

Please call (404) 874-7926 for the information you need.

Researchers from the University of California at San Francisco and the Wellcome Research Laboratories have provided the first confirmed evidence of strains of HIV with reduced sensitivity to AZT in a small group of patients. The data based on blood samples from 11 patients with "severely damaged immune systems" were reported to physicians in a letter from Burroughs Wellcome, manufacturer of AZT. The researchers were quick to point out, however, that the appearance of strains with reduced sensitivity was not accompanied by a loss in clinical effectiveness of the drug. Top AIDS researcher Dr. Anthony Fauci cautioned patients and physicians not to misinterpret the data: *"People who are on AZT and are currently benefiting from it should not consider this a major setback. Just because one can isolate a resistant strain from patients doesn't mean the drug is not effective in combating most of the viral replication"* (SF Chronicle, 3/15/89)

Fauci's statement points to a key issue easily overlooked: the ability to find some resistant strains does not mean that all of the viral load has become resistant. Although resistant strains may develop, it is uncertain how prominent that strain will become or what percentage of the total viral load it represents.

Several other questions were raised by the discovery, which most scientists say was not unexpected and suggests no immediate change in how AZT is used.

1. It is unclear how much of this phenomenon is due to *mutation* and how much to *selection*: that is, whether new mutant viral strains develop more rapidly with time, or whether AZT-sensitive strains simply die off in long-term use. Many scientists believe that viral resistance can eventually be expected of any drug that doesn't eliminate the virus altogether. Thus, what we are learning now about AZT can be expected of the other drugs currently in the pipeline. The discovery by no means suggests that we stop using the drug.

2. The impact on clinical use of AZT is uncertain. It is possible, but by no means proven, that the development of strains with reduced sensitivity may play a role in AZT's diminishing clinical effectiveness over time in seriously ill patients. In the 11 people studied so far, this was not the case, since the clinical benefits of AZT continued. This gives credence to Fauci's admonition. Resistance of a viral strain to a drug is no measure of the strain's ability to cause disease. In the case of herpes, for instance, acyclovir-resistant strains have been shown to be less, rather than more infective in some studies, at least in people with healthy immune systems. The ability of AZT-resistant strains of HIV to cause disease is unknown. It could be equally or less dangerous, more dangerous, or completely impotent.

3. The implications for long-term use by seropositives is uncertain. Some physicians we have spoken with feel that the development of AZT-resistant virus could bolster the view that the drug should only be used in late stages when it is critically needed. Others disagree, contending that the benefits of early suppression of the virus will outweigh potential loss of sensitivity later, when other drugs will almost certainly be available. They argue that what's going on with the virus is of secondary importance to what's going on with the immune system. The more the immune system can be saved and its decline delayed, the better the clinical outcome for the patient.

Some physicians suspect the findings make early use of AZT even more important, since the rate of mutation is likely to be tied to the rate of viral activity. Thus, they argue, by keeping the virus as inactive as possible through early use of AZT, the mutation may be slowed. If other viruses are any guide, viral resistance may be a random phenomenon-- one in every so many thousands of instances of replication produces a resistant strain. Thus, the less replication and the less virus present, the fewer resistant strains. Acute outbreaks of resistant herpes are only common in immuno-suppressed patients. It may be that a strong immune system can resist what a long-term anti-viral drug cannot.

4. The significance of AZT-resistance is also unclear regarding the use of alternating treatment regimens, such as the AZT/DDC approach now being tested. Does the frequent substitution of DDC for AZT counteract the problem or merely slow down the development of resistant strains? Only additional research will tell, although some benefit seems likely.

The development of resistant strains of virus and bacteria is common in long-term administration of drugs. This does not suggest, however, that the virus or bacteria should therefore not be treated. Instead, it argues

Cont'd on Page 6 of Treatment Digest

Predictors

Lab Tests That Can Help You and Your Doctor Decide About Treatment

Many people at risk for AIDS have avoided the HIV-antibody test out of the belief that current treatments were too risky, out of fears of the stigma surrounding a positive result, out of denial. The model in the streets has been: assume you are positive, practice safer sex, and hope you don't get it. Doctors and researchers, meanwhile, have been working with a different model for the past few years. The categories "AIDS," "ARC," and "Asymptomatic Infection" have blended into a continuum called "HIV Disease." AIDS is considered the last stage of a gradual decline in immune function that can be charted for years before symptoms appear. No one develops AIDS overnight.

Charting this decline in an individual patient is far from a precise science. How the patient feels is only part of the story. Chronic symptoms don't appear until the immune system is already damaged. Some minor symptoms associated with AIDS--such as night sweats, diarrhea, weight loss--may be the result of some other less serious infection not related to HIV.

Because of these uncertainties, doctors increasingly turn to blood tests to help asymptomatic patients decide whether to begin treatments, how aggressive to be, and when to adjust the dose.

These tests fall into two main categories: (1) blood counts available through private labs across the country; and (2) experimental techniques to measure the virus itself or antibodies to the virus. Tests in the first category tend to give more reliable readings, but are harder to interpret. Tests in the second category are experimental, and often not available outside of studies.

No single test indicates progression of the disease; doctors look for a pattern of decline in several tests over several months.

A complete blood count usually costs under $150; T4 tests alone are available for about $40. Insurance, including medicaid, covers most

Cont'd on Page 3 of Treatment Digest

HIV +, AIDS or ARC?

Become a
NAPWA Member

See Form on Back of Treatment Digest

IN THE NEWS

Buyer's Clubs

OBTAINING TREATMENTS FROM ABROAD

Buyer's clubs in New York and San Francisco recently began helping people import drugs with promise for AIDS/HIV and opportunistic infections, from countries where these drugs are approved. This is possible because a physician can legally prescribe any drug for her or his patient if it is approved for human use in the country of origin; the FDA recently said it would not restrict the shipments ordered for personal use, at least for drugs the agency deems safe.

The PWA HEALTH GROUP in New York is committed to the self-empowerment of people with AIDS. The Health Group believes that PWAs and their physicians have the right to make their own treatment decisions, and that this included the right to purchase for their personal use substances that have been demonstrated to have a manageable degree of toxicity, whether or not they have been "proved" effective. In its simplest terms: if a substance cannot hurt and may help, the PWA HEALTH GROUP believes every PWA (or anyone else) should have the opportunity to acquire it.

They are able to obtain fluconazole, roxithromycin , dextran sulfate, isoprinosine, ribavirin, and hypercin herbal extracts (which are also available in the U.S.). It will consider requests for other drugs if approved for prescription use in other countries. The PWA Health Group can be reached at 212/532-0280. A long tape message will answer first with a comprehensive explanation of available products and prices, so have a pen and paper on hand.

The Healing Alternatives Foundation in San Francisco can order dextran sulfate, fluconozole, hypercin, herbal extracts and possibly roxithromycin. Healing Alternatives may be able to ship orders to customers. Their number is 415/626-2316.

This development is a vital step in the direction of people gaining urgent access to potentially life-saving drugs – drugs like fluconozole which could languish out of reach for years if we have to wait for FDA approval or NIH or drug-company funding. If other buyer's clubs are able to follow suit, *AIDS Treatment News* would like to hear from them, especially regarding treatments not mentioned above. Call Denny at *AIDS Treatment News*, 415/255-0518.
(AIDS Treatment News, May, 1989)

FDA Update

New Virus Spreading in D.C.:

Common Sense

Federal officials have demonstrated early signs that a new common-sense mentality may be infecting their thinking. In sharp contrast to its typical style, two recent FDA decisions give hope that rational, if not timely, behavior might be expected in at least some future decisions. One action – the treatment IND approval of aerosolized pentamidine – was handled correctly on the first attempt and showed a refreshing new attitude toward preventative medicine and a willingness to play ball with the National Institutes of Health. In a far less laudatory example – the handling of ganciclovir – FDA eventually did the right thing, but only after its initial decision set off a firestorm of criticism. Although the agency's performance in these matters does not guarantee future wisdom, they imply that someone in Washington is listening. Limited as they are, these positive steps should be recognized and applauded, and they offer for the future evidence that AIDS activism is not in vain.

Despite these signs of growing enlightenment we must not believe for one moment that the battle for access to treatment and FDA reform is over. HIV-infected people may still be dying needlessly who could be better served by a more rational and realistic regulatory policy.

THE AEROSOL PENTAMIDINE DECISION

In mid February, FDA approved a treatment IND for aerosolized pentamidine – "aeropent" – on the basis of data submitted by the San Francisco County Community Consortium (a "physician initiated" research group). Although not mentioned publicly by FDA, data from a similar study by New York's Community Research Initiative (a "patient initiated" research group) may also have contributed to the decision. The approval formally makes the drug available to everyone who has already had pneumocystis pneumonia (PCP), to everyone else with AIDS, and anyone whose T4 count has fallen below 200, as preventative medicine.

We see at least two signs of new thinking in this decision. First, approval for use by anyone with fewer than 200 T4 cells, without a prior bout of PCP – signals a commitment to preventive medicine, an approach not previously acknowledged by FDA in AIDS matters. In fact there is little prior FDA support at all for *primary prevention* (preventing the first-time occurrence of a disease). Secondly, and perhaps more importantly, this historic move wasn't based so much on hard evidence from studies but on common sense. No major U.S. study of aeropent has focused on its use in primary prevention, let alone measured it against a control such as a placebo. Instead, the case was correctly inferred from similar data on *secondary* prevention (preventing the recurrence of a disease that has already struck once). While this may sound obvious, especially in the course of a major health crisis, but to FDA, it represents a surprising stretch, one which could conceivably invite criticism from Congressional nitpickers and tightwad insurers. Typical FDA thinking would have demanded new placebo-controlled studies of aeropent before approving primary prevention. The fact that they didn't take this path shows a spark of urgency and common sense at the agency, a spark which we must now fan into flames. In a broader sense it sets an important precedent about how new conclusions can be inferred from existing data, a point we must be quick to build upon in future situations. The one way the decision could be improved upon is to simply leave up to the treating physician to determine when and with whom PCP prophylaxis is needed. Although the "under 200 T4 count" rule is generally effective, some people with higher counts still succumb to PCP, possibly because their T cells, while sufficient in number, are dysfunctional (a phenomenon which can be simply detected through skin antigen tests).

Despite these encouraging shifts, problems remain regarding aeropent, and initial public reaction to the decision was mixed. Some felt that the decision was late in coming and that it merely formalized an already common practice. Others were disappointed that it was not a "full marketing" approval (called an "NDA"), since the treatment IND status leaves unsettled the questions of insurance coverage for the expensive drug. We find these criticism completely understandable, though perhaps not as pertinent as they might have been.

Although aeropent has been widely believed to be effective for some time, important questions of dosage, administration schedules, and possible side-effects had not been answered prior to the recent studies. Although the drug was already available, its use was highly restricted in some locations. Outside of the major populations centers and high-tech hospitals, aeropent was still considered experimental and was not easily obtained. It was routinely discouraged by conservative physicians, managed health care companies, public hospitals, clinics and insurers alike. FDA's approval elevates its status and credibility as a treatment. The study recently submitted by aeropent manufacturer LyphoMed was the first such data submitted to the FDA in support of licensing approval. Prior to this, no sponsor had asked anything of FDA regarding aeropent except the right to conduct research with it.

It is true that Treatment IND status, as opposed to full marketing approval, does not force insurers to pay for the drug. Since this treatment IND permits LyphoMed to sell the drug at an already inflated price, this is a serious concern. Technically, however, not even a full marketing approval forces the insurance to pay for it. That decision is based on the concept of "standard of care", which is at best only loosely correlated to FDA approval. Discussions with the federal groups which control Medicare and Medicaid have attempted to secure insurance support for aeropent. FDA and NIAID claim they have pulled every string they command in this regard. Pressure is being exerted on state health plans as well, and many major insurance companies are now reviewing their decisions. One major insurer, John Hancock, had already done the simple arithmetic needed to show that it was cheaper to pay for aeropent than for hospital care for PCP. Hopefully their lead will be followed, but as yet, the real outcome with insurers remains unknown – all we hear is speculation. For whatever difference it will make, full marketing approval for aeropent is predicted to come within a few months, so the effect of Treatment IND status is only temporary.

THE GANCICLOVIR DECISIONS

Ganciclovir, or DPHG, is a drug that has been used experimentally but extensively in the treatment of AIDS-related cytomegalovirus (CMV) infections of the eye. If left untreated this condition leads to blindness very quickly. Because ganciclovir worked so well from the beginning, and because there was no other treatment available, its use quickly became routine, even without formal clinical study. Some 5000 people were treated before any effort was made to get it approved. Virtually everyone who worked with it became convinced that it worked fairly well, certainly better than no treatment at all. During this time, the manufacturer, Syntex, somehow did not conduct the kind of controlled clinical studies that are so dear to the FDA's heart.

During 1988, the manufacturer made a number of efforts to get the drug licensed using the data derived from widespread compassionate use. FDA refused on the grounds that sufficient clinical research had not been conducted. In December an FDA advisory again recommended against approval, but instead granted Treatment IND status. Under a bizarre two-pronged IND, people who had eye infections which immediately threatened their eyesight would get the drug as before. But those in whom CMV infections did not yet reach the center of the retina were now to be forced into a clinical study if they wished to get the drug at all. Half of those people would be treated immediately, while the other half would receive no specific treatment until their condition worsened. The study sought to determine whether it is better to treat CMV right away, even if it isn't immediately life threatening, or to keep the patient on AZT as long as possible before using ganciclovir.

Patients, physicians, and researchers across the nation erupted in anger against the decision and the forced clinical protocol. Physicians pointed out that there is no such thing as non-sight-threatening CMV retinitis. FDA was left in the unenviable position of making a decision that was procedurally correct, but morally, ethically, and medically all wrong. Even key FDA staffers were dismayed at having to support the decision , which they blamed both on the advisory committee and on the drug company. No mention was made though of the agency's statutory authority to override the decision.

A series of actions followed which led to effective reversal of the action. As of now, FDA has corrected the disastrous ganciclovir error.

Unfortunately, serious problems still remain for people with CMV retinitis, since ganciclovir is not a perfect solution. One of the dilemmas of the highly toxic drug is that it cannot be used with AZT, since, taken together, their cumulative toxicities are intolerable for most patients. These people are asked to choose between saving their eyesight or fighting against the basic disease with AZT.

(Project Inform, March 1989)

FDA Update

Cont'd from Page 2

Seven Critical Issues at FDA

In addition to the desperate need for FDA to support wider use of Foscarnet, several other important drugs are in need of a quick shot in the arm. Space doesn't permit listing every drug choking in red tape, but the following immediately come to mind. In a word, the problem in each comes down the sense of urgency, which seems sadly lacking.

FLUCONAZOLE: this antifungal drug, already available in several European countries, is needed immediately for treatment of cryptococcal meningitis and other fungal infections. The currently available treatment, amphotericin B, often has serious side effects and must be administered by IV, making long-term use painful and dangerous and greatly diminishing quality of life. Fluconazole could end all that. It is also likely to be effective in a broad range of other fungal infections. Fluconazole is late in coming to market in the U.S. because the manufacturer' s previous efforts to license it (for vaginal yeast infections) failed. It is currently available on compassionate use for people who have failed on amphotericin B or who have experienced serious toxic side effects from it. The entry requirements for compassionate use are strictly enforced.

Required action: application for licensing of fluconazole is imminent, and FDA people take the drug seriously. Between now and licensing, we urge open label use or an immediate Treatment IND for anyone who needs it.

GM-CSF: This drug is critically needed by people with severely depressed white counts, for which there is no other therapy. GM-CSF has been studied for two years now, with considerable success, but is held up by tired concerns about "feeding the virus," a phenomenon that has been discussed for years, but has yet to be conclusively demonstrated. GM-CSF has also been used to supplement the use of white-count robbing drugs like ganciclovir, making it possible for patients to fight CMV retinitis without sacrificing what's left of their natural immunity.

Required action: Treatment IND for people with critically low white counts and people forced to used drugs like ganciclovir.

ROXYTHROMYCIN: This French antibiotic, may be critically important in the treatment of toxoplasmosis. Study, let alone availability, of it is hampered in U.S. by FDA insistence that the manufacturer go back to square one - animal toxicology work - before approving an IND to begin Phase 1 testing.

Required action: conditionally accept foreign toxicology and clinical data and begin Phase 2 testing immediately, alongside a program of compassionate use for people who fail other anti-toxo drugs. Simultaneously, if truly necessary, conduct any desired toxicology studies.

GL-223 (aka COMPOUND Q) this Chinese drug, the subject of wild rumors, is suspected of having the ability to quickly hunt down and kill HIV-infected cells. Lab studies at San Francisco General confirmed the activity of this toxin which is said to affect only virally infected cells. GL-223 is used in China to induce abortions, among other things. U.S. studies were about to proceed until FDA had its say, again pushing it back to square one for toxicologic studies.

Required action: no drug already in human use should be treated like a total unknown. New toxicology work should be scheduled and functioning to coincide with Phase 1 studies, rather than doing each in sequence. People are anxious to volunteer for human studies with GL-223 and it should be their right to do so. With or without FDA approval, underground sources will soon bring GL-223 into the U.S. Does FDA somehow think that's a better way to test drugs?

PEPTIDE T: this product, described as the "flip-side" of CD-4, has been enthusiastically touted by its backers for more than two years. Unanswered questions remain about the basic lab data, and very little human data has been reported. The backers say this is because of cold-shoulder treatment the drug has received from top federal scientists, who are backers of a different approach to antiviral therapy (the use of nucleoside analogues, such as AZT and DDI). The federal scientists say lab data on Peptide T is suspect because it hasn't been confirmed by their labs.

Required Action: use considerable FDA influence to force a serious study, whether federal scientists like it or not. This has already been done with several other drugs (dextran sulfate, AL-721, ribavirin, etc.). Hold a public inquiry into the sponsor's charges that the drug is effectively black-balled, and the opponents charges that the drug's basic lab data is unsound.

DDC: enough is already known to make this available, in alternating combination with AZT for all those who are failing on AZT alone (or developing AZT-resistant virus). Issue a Treatment IND. The manufacturer already has stockpiles of the drug for distribution - why should people be denied access?

DDI: for all the hope government officials hang on this one, there seems to be precious little research going on. Faster movement in Phase I studies is essential. Where is the urgency?

(Project Inform, March 1989)

Treatment Strategy

Predictors Cont'd from Page 1

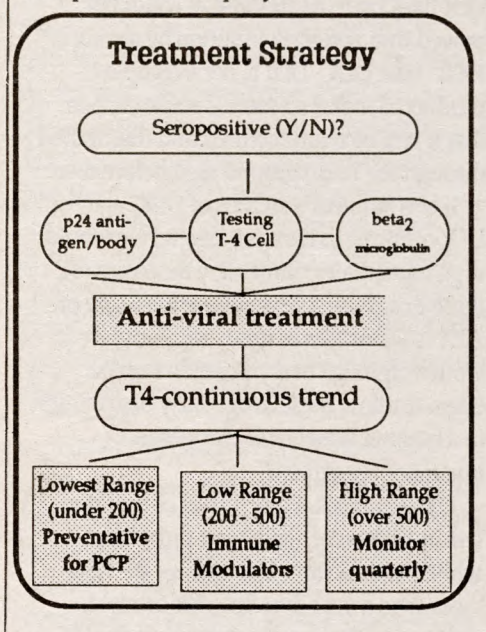
diagnostic testing, though some policies may restrict the number of times tests can be repeated in one year.

Insurers may consider bills for T cell counts as evidence that someone is HIV-positive, so it's important for people at risk to make sure their coverage is full and secure before any AIDS-related testing.

Standard Blood Counts

The benchmark blood count test is the number of T4 (or CD4 or "helper") cells, white blood cells which serve as the ignition key of the immune system, alerting other cells to attack a foreign invader. Scientists have demonstrated four ways HIV can destroy T4 cells in the test tube; a single virus particle can cripple hundreds.

Uninfected healthy people range between 400 and 1800 T4s per cubic milliliter of blood; chronic testing below about 800 is considered abnormal. In one large study at San Francisco General Hospital, HIV-positives lost on average 10 to 15 percent of T4s per year.



Minor chronic infections associated with ARC rarely appear above 400. Very few cases of pneumocystis pneumonia (the leading cause of AIDS deaths) have been reported above 250 T4s.

Some people with repeated low counts remain healthy. T4 counts can vary as much as 20 percent day to day, and tend to be elevated later in the day and after eating or exercise, when blood pressure is higher.

Different labs use different techniques, so it's wise to use the same one over and over for the best comparison. Most physicians recommend that T4s should be counted at least twice per year, more often if the numbers are low.

Doctors also monitor T8s, another white blood cell. The ratio between T4s and T8s usually is about 50-50; National Institutes of Health studies have shown an increased risk of pneumocystis when this ratio falls below 20-80.

The San Francisco hospital study and a second study at Berkeley have found beta-2 microglobulin readings to be an even better indication of HIV damage. "Beta-2" is a chemical shed by dividing T cells; high levels in the blood may indicate rapidly dividing T cells, which in turn could mean rapid spread of the virus. A normal reading is about 2.1; in the San Francisco study, about 70 percent of people with readings over 5 developed AIDS within three years.

In addition to T4 cells, HIV also infects macrophages, another key cell in the immune system. Neopterin, which is shed by dividing macrophages, also may indicate rapid spread of the virus. This test may be less useful for IV drug users, who often have high levels of neopterin even without HIV.

Hematocrit (the ratio of red blood cells to total blood cell count) above 40 percent also has been associated with disease progression; women generally have lower hematocrit than men.

No studies have found abnormal white blood counts or low platelet counts to be useful markers. High sedimentation rate--the speed at which blood cells separate out in the test tube--indicates the body is fighting some active infection, but not necessarily HIV.

Experimental Tests for HIV and Its Antibodies

In addition to these standard blood counts, a variety of tests have been developed to detect the virus itself; the most sensitive are difficult to perform and rarely available outside of formal experiments. But one, the p24-antigen test, is gaining ground as a diagnostic tool.

Antigens are proteins which make up the virus; P24 is an antigen in the core of the virus, probably detectable only when HIV is multiplying.

Researchers have found that infected people usually test positive on the antigen test shortly after infection. Then, antigen falls low as HIV-antibody rises, and the patient remains asymptomatic. Soon after antigen level rises high enough again for a positive reading, symptoms often appear; unfortunately, the test is crude and as many as one-third of AIDS patients remain antigen negative in some studies.

Antibodies to the virus, cells the body produces in response to infection, are far easier to measure; the HIV-antibody test itself may hold more promise as a marker. The Western blot, the test used to confirm positive results in most states, measures antibodies to P24 and three other proteins, including one called P41. Some state health department studies have found that among patients with a ratio of P41 antibodies to P24 antibodies greater than two, 80 percent have or shortly will develop symptoms.

Another new test not widely available detects floating pairs of P24 antigen and antibody (called "immune complexes"). High counts on this test may be a predictor that antigen is about to rise.

How to Interpret the Tests

Most of these assorted blood markers are monitored in National Institutes of Health studies of experimental AIDS drugs, yet NIH officials caution against their use in private patient care. Researchers widely concur that these lab tests can indicate the progress of the disease, but there's less agreement over what to do in response to them.

Prophylaxis--small regular doses of a drug to ward off an active infection before it occurs--against PCP is being used by many HIV-positive people whose T4s repeatedly fall below 250. Studies from Memorial Sloan-Kettering Hospital and other centers suggest it is effective and nontoxic for most patients. A few researchers are cautious; they maintain that prophylaxis should not be used until a patient already has had a bout of pneumonia.

Anecdotal evidence suggests immune decline can be stabilized or even reversed in asymptomatic people.

Prophylaxis is only a band-aid solution: the need is for therapies, either antivirals or immune boosters, which can treat the underlying infection. A few that are available outside of experiments have been shown to slow or even halt immune decline in people with AIDS; whether they will be more beneficial (and less toxic) for people at earlier stages is the $64,000 question in AIDS research.

Anecdotal evidence from physicians and early results of NIH trials suggest the pattern of immune decline as measured by the marker tests can be stabilized or even reversed in asymptomatic people with low dose AZT or dextran sulfate or both, with minimal side effects, at least in the short run.

Some doctors doubt these early promising results; they fear that early treatment may overstimulate the immune system for temporary benefits, but in the long run hasten the progress of the disease. Yet there is a growing consensus that using these crude therapies early buys time until better ones come along.

It's still a lady-or-tiger decision; what's clear is that the choice to do "nothing" should be an informed choice, not one based on avoiding the dilemma.

(The Body Positive, Dec. 1988)

DRUG UPDATES

Clinic Update

Active Lipids: (Patent holder Ethigen has protested our use of the name "AL-721" or "AL-721 workalikes" on the grounds of their ownership of the name. We are pleased to accommodate their wishes. Other than that, there is little new to say about active lipids, since no additional study data has been reported for some time. New York's Community Research Initiative hasn't released any formal data from their study of the Jarrow lipid formula that is/was so popular. The National Institutes of Health likewise remains strangely silent about the outcome of their two Phase 1 studies.

We think it's time for the silence to end. If anyone has any good, solid results to report about the product or its derivatives, we're willing to listen. It is unfair, however, to leave the community hanging, in some cases still buying this fairly expensive product, without some further word from researchers. If the research establishment fears they will be criticized for debunking a one-time community favorite, they underestimate this community. If promoters of the product think people will keep buying it despite the silence, they too are mistaken. People want the truth, good or bad. Our ears remain open and we support Dr. Barry Gingell of GMHC for having the courage to raise questions about a sacred cow.

AZT: See articles "AZT: Current Reality and Safe Use" and "AZT-resistant Strains of Virus Appear."

CD4: Although available only in strictly controlled clinical trials, interest in CD4 is extremely high. We have contact with some of the researchers studying the product as well as some patients already using it. Only a small number of patients so far are on the dosage expected to be effective. Early reports from Phase 1 studies suggest that the drug is safe, with none of the predicted problems surfacing so far. We have heard from patients, however, who complain of central nervous system disturbances, such as sleeplessness and hypertension. So far, patients report little measurable benefit but seem to feel they are stable, This will not long be good enough, however, for a drug which seems to promise so much.

Phase 2 studies of CD4, soon to begin, will compare CD4 alone in one group, to CD4 plus AZT in another, and AZT alone in a third. This efficient study design will gain a great deal of knowledge in a single study and should serve as a model for future comparative studies.

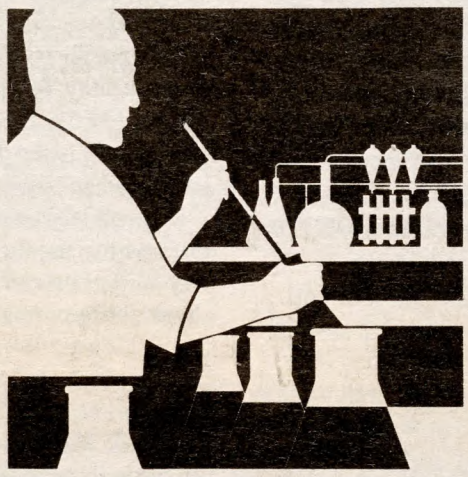
DDC: Although little is said about it lately, DDC used in combination with AZT is likely to be the next major AIDS drug up for approval by FDA. Current studies, using the two drugs in alternation, will last until fall of 1989, at which time we can expect the manufacturer, Hoffman LaRoche, to apply either for marketing approval or a Treatment IND. Unlike AZT, DDC is a simple drug to make so there will be less justification for high prices. Reports from centers currently testing the DDC/AZT combination suggest that it is meeting its objectives of providing the benefits of both drugs with fewer side effects than either when used alone.

DDI: This drug, one in the series of "Broder's Babies" (AZT, DDC, DDA, and DDI–products of the research of Dr. Samuel Broder at the National Cancer Institute), is rapidly moving into Phase 2 tests. In theory, DDI is far more potent and specific than AZT, yet has so far demonstrated fewer and less severe side effects. Surprises are still possible though, and only a Phase 2 study will clarify the picture. Assuming DDI lives up to its promise, it could be moved into wider distribution by spring of 1990. Like DDC, DDI is not a complex product to make, so there is some chance that it will be manufactured and distributed through the underground well before then.

If this summer's studies of DDC and/or DDI continue to look promising, we would urge immediate compassionate access to these drugs for people whose tolerance of AZT is waning over time. Similarly, we would urge that every possible step be taken to allow these drugs early distribution in a manner which will encourage insurance repayment.

DTC/Imuthiol: French studies reported late in 1988 were again very promising, while the data from U.S. studies are now more than a year overdue. We are told, once again, the data analysis from the U.S. studies is imminent. Yawn.

Dextran Sulfate: See the article "Dextran Sulfate: Lost in a Sea of Confusion" in this issue. There are two key problems to face with dextran sulfate. First, we urge people who are in current studies of oral dextran sulfate not to drop out because of the incomplete and possibly misleading reports which have appeared widely in the mainstream and community press. It is only by completion of those studies that we will get a meaningful answer about oral dextran.



Secondly, whatever the outcome on oral dextran, research should move full speed ahead on IV dextran. A new European in vitro study is very positive on the benefits of dextran sulfate. It would be a disaster if the political climate which has arisen in the U.S. around dextran sulfate should slow or stop future research. So far, there is no alternative that has shown such solid lab evidence of affecting cluster formation, which may well be a more important problem than the direct infection of T4 cells.

Fluconazole: This drug, which works against a wide range of fungal diseases, including cryptococcal meningitis, is approved in several European countries (though not for AIDS). Its approval in the U.S. is described as "nearly imminent" by federal people who ought to know. In the meantime, New York's PWA Health Group has offered to secure its importation from Europe for anyone in critical need. Be forewarned, however, that the drug is very expensive. Look to see a full marketing approval or a Treatment IND from FDA before summer's end.

Prior to Fluconazole approval, people should know that the drug is currently available on a compassionate basis for patients who fail on Amphotericin B, the primary treatment for cryptococcal meningitis. Fluconazole is far simpler to use than Amphotericin B and is much better suited to longterm prophylactic use. At the moment though, the compassionate use program is strictly limited to those who fail or have trouble with Amphotericin B. It is not available to those folks who simply would prefer to use Fluconazole.

Hypericin: Due to a comprehensive review in John James' *AIDS Treatment News*, the herbal extract Hypericin is quickly gaining interest on the treatment scene. It is well qualified for this role, as it has proven very effective in lab studies conducted by independent researchers, showing an ability to block HIV action in multiple ways. The usual caution about the preliminary nature of such in vitro testing must be observed. To date, clinical use is extremely limited, with most reports being based on the anecdotal findings of a single physician. Plans are underway for more formal testing, but the first sanctioned clinical studies are a long way off. This would be an excellent opportunity for community research groups to undertake a structured study or monitoring project to determine whether there is value in this product. Whether or not research is begun quickly, it seems likely that Hypericin will become the next object of devoted use in the community. Several manufacturers are already supplying products of varying quality, with more to follow. As this market grows, we fear the price will go up as well.

Imreg: The studies and evaluation of Imreg have moved into the regulatory twilight zone, as we feared. The manufacturer continues to claim that the drug showed significant benefits regarding slower progression to AIDS. FDA, however, blasted the company's studies in an unusual, command performance public hearing late last year. The hearing apparently came about as a result of public and congressional pressure, intended to get the drug a fair forum. Instead, the move appeared to backfire and served as a bully pulpit for FDA. In brief, FDA claims that serious problems in the randomization of patients and a possible unblinding of the treatment code make the results of the study meaningless. Since the company remains unwilling to share the key data publicly (they say to protect the opportunity to get it published), there is no way that we or anyone else can make an independent evaluation of the situation. The company is currently is the process of answering FDA's objections and is trying to put the best face forward. From past experience, we fear this means little. No answers about Imreg are likely to satisfy FDA, especially since key NIH officials we have spoken with also believe that the data is fatally flawed. A second public hearing on the matter will be held in Washington in early April.

We would like to be in a position to form an independent opinion and would, if warranted, join forces with other activists who decry FDA's actions regarding Imreg. Some aspects of this case sound familiar since FDA's demanding views on randomization by T4 cell count have in the past seemed strange in light of the imprecise nature of T-cell testing. However, without actually seeing the data, it is difficult to know how good the case is for the drug.

Isoprinosine: This long-time player appeared to bite the dust late last year when the manufacturer announced that it was pulling out of its studies with ARC patients, having concluded that the drug did not help. Then, just when we thought shelf space was clearing up. The company released a press release saying that its long-running Swedish seropositives study had reported successful results. No data was supplied, only a vague statement that the drug had slowed progression to AIDS to a statistically significant degree. That line is getting to be familiar. Until other researchers have seen some specific data, a healthy dose of skepticism may be appropriate. Whatever the new data shows, it is already clear that the drug has no role for people with AIDS or ARC.

(Project Inform, March 1989)

COMPOUND Q WARNING, AND UPDATE

Compound Q, an experimental AIDS treatment extracted from the root tuber of a Chinese cucumber, has received wide publicity in the last month. On May 5 we heard the first report of a severe adverse reaction to a bogus "compound Q", apparently homemade from the root which was obtained from a health-food store, and injected. According to Martin Delaney of *Project Inform*, who is now warning buyers' clubs, the person almost died as a result, and was in intensive care for three days. This case occurred in Kansas City.

We have also heard that some health-food stores are exploiting the situation and promoting a dried root or extract by suggesting that it contains compound Q. People should know (1) that the root also contains lectins, which are poisonous when injected because they cause blood cells to clump together, which can cause heart attacks or strokes, and (2) that compound Q (which is a protein called trichosanthin) is almost certainly destroyed by drying, so the dried root used as an herbal medicine for other purposes does not contain the active ingredient.

It is generally believed that a good-quality equivalent of compound Q does exist in China, and has been used there for other purposes for several years. However, this drug is tightly controlled and very difficult to obtain. We have heard from knowledgeable persons (but have not yet been able to confirm independently) that only half a million doses a year are manufactured, all by one factory in or near Shanghai, and that some of it did reach a few persons with AIDS in the U.S. While extracting the active ingredient (trichosanthin) from the Chinese cucumber root is not too difficult for protein chemists, there are practical problems, especially the need to obtain large quantities of the fresh or frozen root, as well as the usual difficulties of setting up effective manufacturing and quality control for pharmaceuticals.

Any credible, good-quality data which may develop from use of the Chinese compound-Q equivalent would be very important in speeding the authorized clinical trials. At this time, the only clinical trial planned anywhere in the world is a "phase I" study to take place at San Francisco, since hospitalization is required for the study. However, there is not enough

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Compound Q

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funding to staff the nursing support for the hospital beds.

The San Francisco trial will also be slow because it is designed primarily to test for toxicity and determine the maximum tolerated dose, not to determine whether the drug can help patients. A tiny dose which no one believes could be effective will be tried first, followed by a wait to look for side effects. This process will be repeated several times, with a wait each time. This dose-escalation study could take as little as three to six months, or as long as a year. By contrast, "underground"" users of the Chinese drug will test reasonable doses right away-the same which have already been used in China-so they can get results far ahead of the official trials. If such use should happen to produce credible evidence that the drug is useful in treating AIDS, then far more pressure would develop to speed the research and regulatory system and make compound Q available through authorized channels. If you have any information about anti-HIV use of the Chinese "crystalized" grade of trichosanthin, please call *AIDS Treatment News* 415/255-0588.

We have heard that a phase II trial is now being designed, and could be started before phase I is finished.

We will continue to report on compound Q as we learn more about it.

(Aids Treatment News, May 1989)

Dextran Sulfate:

Lost in a Sea of Confusion

During the month of February, the media wove together two unrelated events to reach an unsupportable conclusion about the value of dextran sulfate. The *Los Angeles Times* began with an article claiming that researchers had proven that the drug was not absorbed and therefore was ineffective. Linked to this were outtakes of a study by Dr. Donald Abrams of San Francisco General Hospital, along with a number of vague comments from Commissioner Young at FDA. Several local papers and some of the gay press picked up on the story in a knee-jerk fashion, trumpeting the bottom line conclusion that dextran sulfate had been proven ineffective. All of this bears little resemblance to what actually happened. Three things actually occurred. (1) Last November, researchers at John Hopkins University conducted an experiment to determine whether dextran sulfate was absorbed in the gut. (2) In February, the *Annals of Internal Medicine* finally published Dr. Abrams Phase I dextran study from last year, the study that was reported and discussed in Stockholm. (3) FDA Commissioner Young, despite explicit agreements not to discuss the matter in the press, pending a series of discussions, somehow managed to become the centerpiece of the *Los Angeles Times* story.

The Johns-Hopkins Experiment

AIDS researchers there, having been frustrated by the inability to directly measure dextran sulfate in the blood, proposed to measure a secondary effect they believed linked to dextran sulfate absorption. They chose to study its effect on blood coagulation, using a measure known as PTT. In the experiment, a total of 12 volunteers had their PTT times measured before administration of dextran sulfate, to create a baseline for comparison. Next, six of the volunteers were given a single dose of intravenous dextran sulfate, while another six were given a single 1800 mg. dose of dextran sulfate, as supplied by Ueno Fine Chemicals. After all 12 volunteers had received their doses, their PTT times were measured again over the next 24 hours.

The researchers noted that those who received intravenous doses showed a change in their PTT times, while those who received oral doses did not. As far as they were concerned, that was the end of the story, and they had proven that oral dextran sulfate was not being absorbed.

Several major questions remained unanswered by the Johns-Hopkins experiment.

1. No one has demonstrated conclusively that PTT times are a measure of oral dextran sulfate absorption. This remains, at best, a theory.

2. The fact that PTT times were not affected by a single dose tells us little or nothing about what happens in long-term, chronic administration of the drug.

3. The ability to absorb the dextran sulfate molecule may not be constant among people. In other words, some people may be capable of absorbing it and others may not. There have been indications that some people in studies seem to be "responders" - that is, they seem to get results from taking dextran sulfate orally. It is possible that some people's digestive systems may be capable of passing the molecule, while others may not.

4. There have long been serious questions about quality differences in the enteric coating of different versions of oral dextran sulfate. Some information suggests that the Ueno Fine Chemicals version is among the worst in this regard, a factor which might well affect its absorption. FDA officials did not know whether this factor was measured in the Johns-Hopkins experiment, but conceded that it could well effect the outcome.

The Johns-Hopkins experiment quickly set off private debate among researchers. Some felt they should stop wasting time with dextran sulfate and disband the ongoing studies, while others, led by Dr. Abrams, felt the results were inconclusive and that it would be mistake to disband the studies in response to this data. Abrams contends that since hard data about absorption remains elusive, the studies should be completed as originally planned. Moreover, he points out that measuring absorption of the whole molecule is not the same thing as measuring whether oral dextran sulfate produces useful results in patients. The studies will answer the real question of effectiveness, and should be continued. This will give a more substantive answer than the Johns-Hopkins experiments. Even this, however, will not provide data on the key question of how dextran sulfate works in combination with low dose AZT.

Unfortunately, the headlines of the *L.A. Times* story were widely read and led to additional inaccurate stories in the gay and local press. A careful reading of *The L.A. Times* stories shows that NIH researchers felt the data was very "preliminary" and that the drug might still be absorbed in long term use. Casual readers and other media writers, though, saw only the loud conclusions about "ineffectiveness". As a result many patients have already dropped out of the dextran studies and at least one of the centers closed their study.

The New/Old Dr. Abrams Study

The LA Time study and subsequent spin-offs also used bits and pieces of the Abrams study published in the *Annals of Internal Medicine*. That study failed to find conclusive evidence of benefit from the use of oral dextran sulfate. None of the media people pointed out, however, that this was the same early Phase I study that Abrams reported on at Stockholm last year, a dose-ranging/toxicity study that was not designed to reach conclusions about effectiveness. Even so, Abrams concluded that further study was called for. Those additional studies he called for are already well underway, some nearly complete. Their status, however, is now jeopardized by the *LA Times* article and its spin-offs.

The FDA Connection

Somewhere in the midst of this mess, Dr. Young at FDA managed to put his two cents in. He spoke in the *LA Times* article as if he had conclusive knowledge on the subject. However, Martin Delaney of *Project Inform* and Jay Lipner of New York spoke directly with him about the matter at a meeting in Washington on the same day that the *LA Times* story was being written. In that conversation, it was clear that he had only superficial and confused knowledge. He didn't know what the Johns-Hopkins experiment had measured or how, and he referred only vaguely to some FDA "chemical assay" that he thought was being used to measure dextran absorption in rats. He acknowledged that he was not well informed, and insisted on setting up a conference call with us and key FDA people on the following Tuesday to discuss the matter in detail. Meanwhile, he insisted, absolutely no one should talk to the press until "we all decide together how to handle the matter." Much to our surprise, we read his comments in the *LA Times* story days before the scheduled conference call.

Further discussion with FDA officials confirms that the agency lab has created a direct chemical measurement of dextran absorption, although it was never used in rats as the Commissioner contended. The assay was used to confirm the results of the Johns-Hopkins experiment. We urge the agency to share their assay with other scientists who can review it for accuracy. It seems strange after NIH has claimed for nearly a year that it was impossible to create a direct chemical measure of dextran in the blood, that an unheard of FDA lab suddenly creates such a test. Until the FDA assay has met the test of peer review, the proper scientific procedure is to best shut up about it - the very same advice they consistently give to pharmaceutical companies.

What Does This Mean to the Dextran Sulfate User?

Mostly, it adds a great dose of confusion. Conclusive evidence has not been attained for or against the absorption of dextran sulfate in long-term use. Has the Johns-Hopkins data showed that coagulation (PTT) times were affected, we suspect that most observers would have discounted the conclusion, based as it was on the unproven assertion that changed PTT times were a measure of absorption. The fact that some physicians who have studied long-term dextran users and do find changed PTT times raises serious questions about the value of the Johns-Hopkins "single dose, single day" observation. If the FDA really has an effective assay, it should be used to measure levels of dextran in the blood of patients who have used it for long periods in a study. No such test seems to be underway.

Thus, the bottom line is that we don't really know any more about dextran sulfate today than we did last fall. The *LA Times* story is almost irrelevant. FDA's behavior and that of scientists at Johns-Hopkins who released their data are both worthy of reprimand. Had any pharmaceutical company released such preliminary data to the press, prior to peer review or publication, FDA would complain loudly or even call for an investigation, as they have in the past. Yet, since government people did the naughty deed, somehow the behavior is deemed acceptable.

For dextran sulfate users, a far more serious problem is that of severe diarrhea. Large numbers of people tell us that the problem becomes severe in long term use and is only partially managed by the use of anti-diarrhea and lower or intermittent doses. For these people, continued use of dextran sulfate may not make sense. Still, we hear from others who do not experience diarrhea, and from a good number who report significant, sometimes even dramatic benefits. Perhaps those who do not experience diarrhea are "responders," the ones who can absorb the whole dextran sulfate molecule. If so, it would be a great misfortune if they, or others who have good results from dextran, were discouraged from using it because of half-baked stories in the media or unsupported conclusions drawn by researchers. Likewise, we urge people who are in dextran sulfate studies to continue their participation despite the news stories. It is from their experiences that we will finally get an honest answer about the drug.

(PI Perspective, March 1989.)

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AZT

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that we must always be looking for new treatments with different points of attack to use in conjunction with or in place of a drug known to induce resistance. This process of discovery has been going on for decades in the field of antibiotics, and we can expect to see it repeated in the field of antivirals.

It has been our anecdotal experience that no one drug works indefinitely with HIV. Seriously ill people who claimed success with ribaviran in the early days of the epidemic often found that it only helped for around two years, after which its effectiveness diminished. To some extent, we already see a similar phenomenon with AZT, although the term of usefulness is less well defined.

We agree with Dr. Fauci that this data is no major cause for alarm. We expect, however, that AZT critics will do their best to make much of the data, further frightening current or potential AZT users. We remind them that no one ever suggested that AZT was a perfect solution, and that so far, no other anti-HIV drug has been proven to work at all, let alone long enough for viral mutation to become a factor. The fact that AZT's effectiveness might diminish over time still leaves the drug an infinitely better choice than alternatives which have not been shown to work at all.

Transmission of AZT-resistant HIV raises a particularly fearsome issue, although we seriously doubt that many people in this category are actively spreading virus. But it is too early to swathe all AZT users in latex before research has learned whether the resistant strains can even be transmitted to a competent immune system.

The greatest immediate implication of AZT-resistant HIV is in regard to the regulatory process and FDA decision-making. If AZT's effectiveness will be short-lived for some, then the best known alternatives must be made readily available to supplement or replace it.

AZT: CURRENT REALITIES AND SAFE USE

We present this article in hopes of making it easier for people to make reasoned, well-informed decisions about using or not using AZT.

Two years ago when it was first approved, there was widespread belief that AZT would be quickly replaced by other drugs with similar benefits and fewer side effects. Unfortunately, those beliefs were a bit premature and AZT still remains as the front-line defense against HIV disease. Clinical use has confirmed both the best and the worst aspects of AZT: that it offers real benefits for many people but at considerable risk of side effects and that it doesn't provide its benefits indefinitely. Despite these acknowledged flaws, we believe the drug can be used safely and effectively with a large percentage of the infected population. We also believe that, after careful consideration, some people may still not elect to use it, and they should not be labelled as fools for making that choice.

Perhaps because AZT wasn't the completely safe, completely effective management tool we all hoped for, or perhaps because our friends continued to die despite its use, it has been the object of a great deal of criticism, much of it unproductive, and harmful when it renders people incapable of making an objective decision about the drug. It is the patient community itself which is damaged when misinformation and bias needlessly aggravate the inherent stress of coming to terms with a life-threatening disease.

One particularly harmful attack on AZT comes from a tiny number of publications which are driven by visions of conspiracy and the belief that something, anything other than HIV must be the real cause of AIDS (swine fever virus? syphilis? chronic fatigue syndrome? the CIA? Satan?). Accordingly, we are wasting our time with drugs that treat HIV. These same sources often give uncritical endorsement to a variety of completely unproven remedies, simply because they too are contrary and share an anti-establishment perspective. What they fail to point out, however, is that this is the portal through which medical quackery has always passed.

Such attacks lead either to total immobilization on treatment or to an endless pursuit of elusive and unproven "natural" remedies. A little questioning of authority is always wise, but when it asks people whose lives are threatened, to abandon all belief in their doctors and medical science, it becomes dangerous and life-threatening itself.

By no means do we wish to say that AZT is the right solution for everyone, or that all those who choose not to use it are crazed. The choice of AZT must be carefully considered, even if only to use it correctly. A review of the available evidence leads to the five conclusions discussed below.

1. AZT limitations...

Critics of AZT talk only of the deficiencies of the drug. No one disagrees that it has presented serious problems for some patients. When used by people with AIDS at full dose (1200 mg per day), about half experience serious side effects, often leading them to discontinue its use or reduce the dosage. Most critics, however, overlook or understate the benefits. Virtually every physician we contacted who uses the drug regularly reports significant to dramatic benefits in about half their patients, with the greatest benefits in relatively healthy people or people who at least began using the drug earlier in the disease process.

The second most-noted limitation concerns how long AZT's benefits last. Some evidence suggests that the most pronounced benefits last from six to 18 months. This data primarily reflects the experience of seriously ill people who only began using AZT after a diagnosis with AIDS.

This tells us little about what happens when administration is begun earlier. Some of the original AZT study centers now have patients who are using the drug successfully after more than two years, with a few patients on it for as long as three. While there is some evidence of the development of AZT-resistant strains of HIV, this was always expected and so far, it has not resulted in a direct loss in clinical benefits.

Yet at least for people with AIDS, the question remains: how much quality time does the drug buy? There is little doubt that the life expectancy of people with AIDS has increased with the availability of AZT.

In pre-AZT days, the average survival time after diagnosis was around nine months, while today, it is over two years and climbing (San Francisco data). In fact, quite a number of people with AIDS are alive and well after five years. *So much for the invariably fatal disease hyped in the media.*

Of course, factors other than AZT have also contributed to survival, including better control of PCP with treatments such as aerosolized pentamidine, better and more creative use of antibiotic and antifungal drugs, and improved clinical management skills. Nonetheless, it is simply not honest to completely discount the contribution of AZT in extending life expectancy.

Whether it works for six months, 18 months, or 36 months, there is likely to be some limit to its usefulness. It is unclear whether this is due to the drug or simply to the continued advance of the disease. And even with greatly improved ability to manage side effects, it remains an imperfect drug. The question then is, how does it compare to its nearest competitors?

What competitors? We are still waiting for anything close to scientific consensus that any other available treatment provides measurable HIV antiviral activity or confers a statistically significant degree of clinical benefit. There is much hope that AZT alternatives under study but not yet available, such as DDC, DDI, and CD4 will meet this criteria, but they have yet to report data comparable to what we know about AZT. While there is much fervency and hope surrounding a variety of community favorites, herbal treatments, and other "natural" approaches, there is as yet no hard data proving their value.

Despite the shortcomings of AZT and its immorally high price, it continues to outscore its competitors by any scientific or common sense measure of value.

2. Follow-up studies...

AZT critics question the quality of the original study used to license AZT, contending that the benefits reported may have been due to something other than the drug. *Project Inform* initially led the nation in questioning the study, which for us raised the possibility-- but not the certainty-- that its findings may have been distorted. Our own position was that more information was needed to be sure of the conclusions, but that its possible flaws were not sufficient to completely discount the data. FDA reviewers privately acknowledged some shortcomings in the study, but were satisfied that its findings were, nonetheless, valid.

Several things have happened since then which have allayed our initial misgivings. First, the study has withstood the test of *peer review*, the process by which the work of researchers is reviewed for accuracy and objectivity by the larger community of scientists in the field. It was accepted for publication in a first-rank medical journal and has been discussed repeatedly in scientific conferences. With few exceptions, the original results have been accepted by researchers, among them many competitors of Burroughs Wellcome, who would have been delighted to discredit the drug. They did not. Only a tiny number of skeptics continue to debate that study, endlessly attacking it as if it were the only information then or since about AZT. In light of the totality of clinical experience with AZT, such behavior looks more like obsession than reason.

3. Rethinking dosage/patient profiles...

Virtually everyone now agrees that the weaker a person is when beginning AZT, the less can be expected of the drug. This is precisely what was reported in the original study. Increasingly physicians and researchers alike are finding that many of the problems attributed to AZT actually stem from inexperience in using the drug.

Patients and physicians who have not yet done so need to rethink their notions of when, why, and how AZT should be used. Early practice recommended it only for those in the most desperate straits, on the belief that the risks would only be warranted in the face of dramatic need. It now appears that this is the group least likely to benefit from the drug. People with severely depressed white counts, anemia, platelet problems, or numerous infections are often too weak to tolerate AZT, at least at anywhere near the full 1200 mg. daily dosage. Experience has shown that adverse effects are more likely in these circumstances. Thus, if used here at all, AZT should be approached with caution and only at minimal doses. Once improvement is seen, a more aggressive treatment strategy may become possible over time.

Current thinking favors the drug more as a means of keeping people out of dire straits in the first place. More and more, AZT is used with ARC patients and asymptomatics in hopes of slowing progression to AIDS. Although hard proof is not yet available, experience and logic suggest that a drug which suppresses HIV would almost certainly impede the progressive damage it does. Perhaps the most unfortunate result of the relentless criticism of AZT is that it frightens people away from using it until their situation is desperate,when the fewest benefits and worst side effects can be expected. In this way, the critics' attacks become a self fulling prophecy, to the profound detriment of the patient.

Rethinking AZT also means rethinking its dosage. The once standard dosage of 1200 mg. per day now seems to be overkill. In long-term use (more than 6 months), full dose AZT itself becomes part of the problem.

In addition to suppressing white and red cell production, it may be toxic to T-cells. In a recent discussion with *Project Inform*, Dr. Anthony Fauci of the National Institutes of Health acknowledged that he no longer has any patients on full-dose AZT and that he now uses it in low doses, often in combination with other drugs. Planned studies at NIH use doses as low as 200 mg. per day, in combination with other treatments, such as alpha interferon.

One recently published study *(Lancet, Dec 3, 1988)* already concluded that half-dose seems as potent as full-dose by some measures, and perhaps *more* effective overall due to decreased toxicity. A large U.S. study, as yet unpublished, compared half to full-dose and it concluded that it is just as, if not more, effective than full-dose. Clinics and medical practices in San Francisco and elsewhere report that doses as low as 300 mg. are clinically useful when applied in combination with other treatments.

4. Using AZT safely...

The challenge before us is to prevent AZT's weaknesses, or misinformation (either from the critics or the "full-dose only" advocates), from interfering with our ability to make informed choices. We suggest the following guidelines, some based on a projection of current research, others on the recommendations of physicians with wide experience in AZT use. They are presented as starting points, not hard, fast rules.

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▪ *Who are good candidates for AZT use?* People with obvious evidence of viral activity, such as a positive p24 antigen (unless otherwise disqualified), or people with a beta2 microglobulin concentration substantially above normal.

People with ARC who hope to slow progression toward AIDS.

People with AIDS who have received their diagnosis within the last year and who are not seriously debilitated (invite your doctor's judgement.)

Asymptomatics with steadily falling T-4 counts and/or other abnormal lab markers.

Asymptomatics who already believe in a strategy of early intervention and aren't willing to wait, regardless of their current lab numbers.

▪ *Who seems most likely to have problems tolerating AZT?* People with advanced ARC or AIDS who are seriously anemic, have seriously suppressed white counts, or who must concurrently use other toxic drugs, such as DHPG.

▪ *What is the proper dosage?* A growing body of evidence suggests there will never be one ideal dose for everyone; people vary in body weight, health, rate of metabolism, and reactions to the drug. The healthiest people have the highest tolerance, while the weakest have the lowest.

In general, half-dose (600 mg. per day) seems a good level to strive for. For weaker patients, even smaller doses may be used initially to test their reaction, slowing building up to higher doses if the drug is tolerated.

People who have already tolerated full dose (1200 mg.) for several months without serious side effects and who have stable T-4 counts may wish to continue on full-dose. It is unclear from the research, however, whether such full-dose use provided any advantage even if it is tolerated.

Some physicians urge people with high p24 antigen levels to use 1200 mg. per day until p24 levels go down and stay down for 30 days, after which 600 mg. may be appropriate.

Some clinicians report that 300 mg. per day is effective when used in an overall combination therapy strategy. Some researchers believe that any dose, however low, might be better than none at all; others argue that there is some as yet undefined minimal dose below which there is nothing to be gained.

People on low doses, either 600mg. or 300mg. should periodically monitor p24 levels, raising the dosage temporarily if the p24 count becomes positive or rises.

Some physicians are now giving low dose AZT even to patients who are on DHPG (ganciclovir), starting with a single 100mg. pill daily, and increasing by 100mg. as long as the patient's white count remains acceptable.

Any dose can be lowered or even stopped temporarily if any sign of side effects occurs.

There is no rationale for continuing full-dose AZT when doing so requires regular blood transfusions; dosage should always be lowered in this instance.

Most physicians report that side-effects almost always clear up after withdrawal from the drug. Some report that the tolerance of the drug is best maintained when people are never allowed to get into serious trouble in the first place.

▪ *What is the proper administration schedule?* No schedule results in constant AZT blood levels because the drug is broken down very quickly in the body.

Many physicians no longer consider the night time pill essential; if waking up adds stress, many feel it can be skipped without dramatically lowering the value of the drug (an unproven but logical assumption).

In an effort to compensate for skipping the night-time dose, some physicians are advising people to take the bed-time dose with Tylenol or Probenicid, which are believed to extend the drug's half life.

Sample 24 hour schedule (including night time pill), half or full dose:
one or two pills every for hours.

Sample 16 waking-hour schedule, full or half dose:
-Full-dose: three pills every four hours;
-Half-dose: two before bed , two in the morning, one every four to six hours in between.

Quarter-dose: approximately. one every six hours.

▪ *What can be done to manage AZT side effects?* Begin with a low dose, gradually increasing the amount until the desired level is attained thus giving the body a chance to adapt to the medication.

Try to ride out any side effects, such as nausea and headaches, if they occur, as they often clear up in a week or two.

Experiment by taking the drug both with and without food. Some groups recommend taking it on an empty stomach.

If anemia is a problem, experiment with monthly vitamin B12 injections; if possible get in a study or find access to EPO (erythropoietin), which may minimize or eliminate anemia. Although currently not available in the U.S., EPO can be brought in from other countries under the FDA Import Policy, although it is very expensive.

Always challenge initial assumptions about "side effects;" many people are primed to expect them and thus interpret everything that happens while on AZT as a drug effect; it might well be something else.

Some physicians are experimentating with the prescription drug lithium in hopes of increasing AZT-suppressed white counts: response is not universal and may be temporary.

Some physicians recommend taking the pills every eight hours, in hopes of letting the bone marrow recover in between. This comes at the expense of antiviral activity, but the clinical significance of this is unknown.

If serious side effects occur, go off the drug entirely for about a month, then restart at a very low dose, increasing a small amount each week while being carefully monitored.

An occasional transfusion might be tolerable in some cases, but repeated regular transfusions are now discouraged by most physicians; if AZT use, even at low dose, requires regular transfusions, the drug may be inappropriate for the patient. EPO might help.

A few physicians have reported a rapid drop off in lab numbers after abrupt withdrawal from AZT, suggesting that gradual withdrawal might be better. This is so far not supported by any hard data.

When AZT at any dose seems intolerable, look for alternatives. At the moment, this usually means entering a clinical trial, but some alternatives may be available under compassionate use or new Treatment INDS in the second half of 1989.

5. AZT days are coming to an end...

Effective alternatives are now actually in sight, The first likely to become formally available, possibly before the end of 1989, will be the alternating AZT/DDC regimen. In this approach, two drugs are used in alteration -AZT one week, DDC the next- in an effort to provide the benefits of both drugs without a buildup of the side effects of either. Assuming all goes well, next may be DDI, another AZT-family drug expected to be more effective and to have fewer side effects. It could become available within a year. Rapidly following DDI may be CD4, which is moving at near-record speed into phase II trials. At this pace, it could become available by late spring of 1990 if no problems develop.

Beyond mid 1990, little more than a year and a half from now, several additional options could conceivably be ready, including better immune boosters, virus-binding inhibitors, and new antibiotics and antifungals.

Conclusion

AZT is at the same time a flawed , risky drug and our current best option. We all wish there were a readily available, natural, non-toxic, effective alternative. At the moment, this remains a dream, one which is frequently exploited by promoters of snake oil. There is too much at stake to let this dream divert us from using the best of today's available medicines.

AZT is not the enemy, nor are rational AZT critics, who are acting in good faith according to their own consciences and experiences, just as we are. AIDS remains our common enemy. We, among many others, however, are increasingly fed up with seeing responsible voices in the community attacked by the *New York Native* for daring to see value in AZT. Far more important, we are concerned for the people who are left confused, misdirected, and frightened by ill-supported theories on AIDS, and all-too-often guided, by the process of elimination, toward the least credible medical resources.

We owe it to ourselves and our communities to let each person make a rational, fully-informed decision about AZT use. The emotionally charged debate which surrounds AZT is and will remain counterproductive until a better alternative is proven and available. Those who claim to offer a better alternative must prove their cases in clinical studies, not just on the altar of rhetoric. People who are troubled in making a decision about AZT need to know that there are safe and effective ways to use it, right now, at many stages in the spectrum in the HIV infection. We hope that choice will be made easier and clearer by the growing awareness of lower doses, better patient profiling, and more flexible, responsive use of combination therapy.

There is no one to blame for any possible misuse of AZT which has taken place until now. Patients and their advocates pushed the regulatory and research system hard to make AZT available as soon as possible. We should not be surprised that the drug came into common use while our understanding of it was still very crude. The point is to learn from our experience and make the best possible use now whenever it is an appropriate choice. The only thing we need ask of AZT is that it help keep the greatest possible number of people alive until better treatment becomes available. It need not be perfect, only good enough to fulfill this task. The record shows that, when used properly , at the right time, and with the right people, it is up to the job for those who choose to use it.

(Project Inform, March 1989)

HIV Treatment Strategy: The Basic Message

- Learn your options and line up your support.
- Get tested, ***anonymously.***
- If positive, consider anti-viral treatment (and get a full immune health workup.)
- Monitor T-4 cells quarterly, charting the trend.
- If the trend of T-4 cells is downward or falls consistently below 500, consider both anti-viral and immune boosting therapy.
- If the trend of T-4 cells falls below 200, use prophylactic (preventive) treatment against pneumocystis (aerosol pentamidine, etc.)

(Reprinted from Project Inform - PI Perspective, March, 1989.)

Holistic

A Holistic Approach

by Jeff Shinn

Over the past one hundred years or so, medicine in this country has looked upon sickness and disease as a problem caused by a specific virus, bacteria, fungus, etc., at a specific point in the body. To treat it, you rid yourself of the specific symptom. For a headache, take aspirin; for an infection, pop an antibiotic; for a rash, rub on some cream; for depression, take an anti-depressant. The list goes on and on. However, though this may give some relief, this method does not take into account the body's whole system and its inter-relatedness.

A holistic approach on the other hand, believes that what happens in one part of the body, or with the mind, or the spirit, does impact the whole organism. It is a belief that you need to look at the total effect, not just the part, and come up with a comprehensive program to treat it. This is a very old belief system dating back thousands of years, and it is again becoming popular as people realize its merit. This philosophy holds true for all living systems, including our planet. What we do with an oil spill, a nuclear accident, acid rain, or destruction of South American rain forests affects the rest of the organism, Earth. It is all interrelated.

It is on this premise that A HOLISTIC APPROACH will focus. In the future we will have articles by various people on different aspects of healing and health. These articles will discuss modalities that may focus on an area or specific problem, but only as a part of a system of treatments which address the mind, body, and spirit. As John R. Stowe, MS, LMT recently wrote, "Creating health is sort of like weaving a tapestry. Each choice we make is like a thread that either strengthens the fabric and adds beauty to its design, or weakens and mars its integrity. When challenges occur, whether they be physical, emotional, or psychological, we have the chance to test the fabric's strength. If we have woven well, it stands up strong and whole. If not, it can fray and tear. How well we weave is up to us. We are weaving our lives in each moment. The threads extend into every area of our existence."

Some of the topics that we will cover are nutrition and supplements, exercise, chiropractic, Chinese herbs, acupuncture, various forms of body work, homeopathy, spirituality, self love, and attitudinal awareness and beliefs. We will not advocate one therapy over another, but will let you decide for yourself if you want to research a topic further and employ it, along with others, as part of your "tapestry". Remember, the options are many. But it is your decision, and it is a continuous lifelong process. If something doesn't feel right or work after an agreed time, stop and make another choice. Realize too, that your choices do not have to cost a lot of money. There are many people with very limited funds improving the quality of their lives.

It is our intention, that this section help give you basic information so that you can make choices that empower you and lead to a more vital and fulfilled life.

For questions concerning the holistic approach, please contact me, Jeff Shinn, at the NAPWA office (874-7926).

What's New At NAPWA?
The Best Way To Stay Informed Is To ...

Subscribe to ALIVE & AWARE

Help People With HIV, AIDS, and ARC To Help Ourselves

Name_____

Address_____ Apt._____

City_____ State_____ Zip_____

Phone_____

(Check all that apply.)

❍ I am a person with HIV, AIDS, or ARC and want to be a member of NAPWA. (ALIVE & AWARE is provided free of charge, especially to those on disability or assistance.) This category will also receive additional mailings about services and events of interest to our members.

❍ From our concerned friends we ask a tax-deductible contribution of $25.00 for a yearly subscription. Please make all checks payable to the Atlanta Chapter of NAPWA.

❍ I want to help meet the growing needs caused by the AIDS crisis. Here is my additional tax-deductible contribution of $_____.

(Our mailing list is confidential. It is never sold or given away. All mail comes in an envelope.)

Atlanta NAPWA is a non-profit 501(c)(3) corporation.

Mail to: ALIVE & AWARE/NAPWA
131 Ponce De Leon Ave., N.E.
Suite 233
Atlanta, Georgia 30308

or Call: 404-874-7926

The Atlanta Chapter of the National Association of People With AIDS

The Healthy Mind

50 Ways to Reduce Stress

Avoiding stress:

1. Get up 15 minutes earlier.
2. Prepare for morning the night before.
3. Avoid ill-fitting clothes.
4. Set appointments ahead.
5. Don't rely on your memory; write it down.
6. Practice preventative maintenance.
7. Make duplicate keys.
8. Rearrange work hours if possible.
9. Say "no" more often.
10. Avoid shopping with critical teenagers, friends or those who look great in everything.
11. Take advantage of off hours for errands.
12. Simplify mealtimes.
13. Feed the children separately.
14. Keep necessary supplies on hand.
15. Make copies of important papers.
16. Walk everywhere possible.
17. Anticipate your needs.
18. Repair anything that doesn't work properly.
19. Make advance reservations.
20. Allow extra time to reach appointments.

Reducing Stress:

21. Prepare yourself for unexpected delays.
22. Arrange meeting places convenient to a phone.
23. Find humor in life.
24. Take a "busy kit" with you when you travel.
25. Relax your standards.
26. Get help with jobs you dislike.
27. Establish a serene place for yourself.
28. Change your perspective.
29. Count your blessings.
30. Keep "time fillers" by the phone.
31. Memorize your favorite poems.
32. Keep a supply of your favorite treats for special friends.
33. Travel light.
34. Be prepared for rain.
35. Ask questions.
36. Take advantage of your prime time.
37. Make contingency plans.
38. Unclutter your life.
39. Avoid relying on chemical aids.

Relieving stress:

40. Touch and be touched.
41. Take time out for yourself.
42. Find enjoyable ways to exercise.
43. Get things off your chest.
44. Talk to loving friend or relative.
45. Take a leisurely bath.
46. Reward yourself after handling stressful activities.
47. Schedule more fun.
48. Take a break from children.
49. Have a massage or hot tub.
50. Unwind before bedtime.

What other ways can you think of?

51._____
52._____
53._____
54._____
55._____
56._____
57._____
58._____
59._____
60._____

From "Stress Management for the Professional" by Ilene Kasper and Rebecca Greer.

Research in Atlanta

ATLANTA AIDS RESEARCH CONSORTIUM

by Larry Anderson

Concerned members of the local medical profession have added a vital missing component to Atlanta's list of AIDS organizations: ATLANTA'S AIDS RESEARCH CONSORTIUM, INC., (AARC). The nonprofit organization's purpose is to sponsor clinical trials of promising treatments for HIV disease.

AARC is a coalition of more than 60 health care and other professionals including psychologists, nurses, physician's assistants, health planners, educators, epidemiologists, patient advocacy groups, and other other volunteers. Dr. Melanie Thompson is the founder and executive director. She saw the need for a mechanism to offer promising drug therapy to Atlanta's HIV community. Her concern was not only to bring to Atlanta more treatment options but also to somehow learn about the "black market drugs" being used. The original small study group grew quickly into what now is AARC.

Private doctors handling drug trials with volunteers is another one of the new phenomena surrounding AIDS . Traditionally medical research was done at university research centers; in Atlanta this has not been the case. Beyond that, the proliferation of information and possibilities is too much for the old system; especially with its history of bureaucratic sluggishness. The framework for the Consortium has a successful history in both New York and San Francisco; and other cities are now introducing programs. The support is coming from AMFAR, private sources, drug companies, and the government.

Getting involved in a particular study does not mean you have to be one of the control doctor's patients. Although AARC does not assign or enroll volunteers it is the connecting link. If your doctor is not a member of the consortium, it is in your best interest to get your physician involved (membership is free). Most of the members are private physicians, but the Infectious Disease Clinic of Grady Memorial Hospital and the AIDS Clinic of Atlanta Veterans Administration Medical Center are also active members. Much of the responsibility of any interested PWA is his own, not the doctor's. Keeping up with the possibilities is your best bet.

The office of AARC cannot make doctor referrals but they have prepared fact sheets on the protocols and you may request them by writing or calling:

ATLANTA AIDS RESEARCH CONSORTIUM, INC.
965 VIRGINIA AVENUE, N.E., SUITE B
ATLANTA, GA. 30306
(404) 876-2317

Two protocols on recombinant Human Erythropoetin (r-HuEPO), thought to reduce the side effects of anemia from AZT, are at present underway. Upcoming is a study of Betraseron; it is hoped that it will have a synergistic effect with AZT so that low doses of AZT could have an increased antiviral effect with fewer side effects.

AIDS ORGANIZATION UPDATES

AID Atlanta

Tele-Link: AID Atl. To Test New Idea

Seeking an effective yet non-intrusive method to follow up on PWA's and PWARC's who are listed as active clients but have not requested any services or made any direct contact with the agency recently, AID Atlanta has come up with a volunteer-based idea called Tele-Link.

Carefully chosen volunteers, working in teams out of the agency office during early evening hours, will make phone contact with clients, listen to what they may have to say, and fill in objective information on a contact fact sheet for review the following day by assigned case managers.

Volunteers must be willing to commit regularly to at least one night per week, to comply with strict confidentiality policies, and must be both empathetic with and non-judgemental of the clients. Persons who are HIV-positive of living with AIDS or ARC may be particularly effective as Tele-link volunteers.

Training sessions are getting under way, and trial runs of the Tele-link program are scheduled for late June or early July. For details, or to see about volunteering, call AID Atlanta Social Services at 874-6517 and ask for Denny Davis.

Helping Hands

NAPWA Invited to Networking Thursday

NAPWA members and friends are invited to attend a free networking event for local AIDS organizations, July 13, from 5:30 to 7:30 P.M. Helping Hands of Atlanta, a financial supporter of NAPWA, will sponsor "Networking Thursday" on the second Thursday of each month beginning in July. A site for the July 13 event will be announced soon. (Call the NAPWA office, 874-7926, or Ken Kimsey, 874-3576, for location information.)

At the first networking event, held May 25 at Darlin's, more than 20 local AIDS service, education and research groups were among the 90 participants in the cocktail hour social event. Atlanta chapter director Kurt Rahn staffed a NAPWA information table, along with representatives from other organizations funded by Helping Hands of Atlanta. Participating agencies included AID Atlanta, OUTREACH Inc., Tues PWA Dinners at the Shrine, Project Open Hand, Childkind, Jerusalem House, the Emory AIDS training network, the Georgia AIDS Coalition, and many others.

"Networking Thursdays are intended to bring the AIDS community together socially, in a relaxed, informal setting at least once a month, " explained Ken Kimsey, who proposed the event to Helping Hands. "Some of the best communication happens in casual, informal settings. By hosting these events, Helping Hands hopes to improve communication among all AIDS organizations," Kimsey said.

A cash bar will be open to allow participants to purchase refreshments. There is no charge for the event.

NAPWA members are urged to attend and bring friends who care about the work of the city's many AIDS organizations.

Jerusalem House

Special Use Permit Granted

Special thanks go out to all PWA's and friends who supported Jerusalem House throughout the zoning review process. On June 5, 1989 the Atlanta City Council approved the Special Use Permit to establish a residence for people with AIDS at 831 Briarcliff Road, Atlanta.

The Jerusalem House Board of Directors is planning a capital campaign to raise funds for renovating and adding a wing onto the house to accommodate 23 people with AIDS who have no place to live. Jerusalem House is seeking many sources of both volunteers and financial support. For information on how you can get involved, please call Ann Slaughter, Executive Director, at 892-5184.

Legal Aid

AIDS Legal Project

The Atlanta Legal Aid Society now as a special legal project to help people with AIDS or ARC. The project provides *free* legal services to PWA's and PWARC's who are low income and having civil legal problems. The project provides advice and representation in the following matters: employment discrimination, health and life insurance, family law, food stamps, general assistance, Social Security/SSI and VA benefits, housing, consumer debts (except bankruptcy), wills, powers of attorney, and others. The project is in a transitional phase and will be located downtown after August. In the meantime, the project can be reached at 428-4898. The project employs one attorney and one paralegal. If you call the project, you should ask to speak to Chip Rowan or Mary Jane Lubinski.

Project Prevail

The Metropolitan Family Studies Center has recently developed a program called "Project Prevail" that is targeted at helping the PWA/PWARC with their support system. They have offered the following to us.....

An Invitation to PWA's/PWARC's

We have joined in a project that we feel is of particular use to you. "Project Prevail" is a new approach to bringing together your friends, loved ones, partners, and family members.

You as the PWA/PWARC will help determine who will be involved and what will be discussed. The entire project is aimed at providing mutual support by talking, and planning how others can be helpful to you and your network.

Funding has been provided by a grant, so there are no costs to you. Please call Douglas Carl at 266-3830 for details about "Project Prevail."

SAME

BY REBECCA RANSON

In three years of existence, Southeastern Arts, Media and Education Project, Inc. (SAME) has focused much of its work on AIDS. This focus has been a response to the health crisis and to the devastation and loss of gay community members and artists. Many of the projects have been produced by teams of people with AIDS, ARC, or those who have tested HIV positive working in tandem with literary and visual artists.

SAME's first AIDS project was *Warren*, a play I wrote about Warren Johnston who died in 1984. *Warren* chronicled the pathway from health to death for Warren using real names and facts to increase the documentary aspects of the real lives while utilizing ritualistic symbols like water and blood to explore the darker elements of the disease. *Warren* moved on to be produced by arts organizations and AIDS service groups in over twenty major cities and small towns across the country and has now reached the college and high school circuit.

A second theater project was *For Love and For Life*, a community show produced to encourage people to attend the National March on Washington for Lesbian and Gay Rights. Casting for the show was by decision to participate and the cast had twenty-seven individuals, many of whom had never been previously involved with theater. *For Love and For Life* premiered at the Alternate ROOTS Performance Festival and had an extended run at a local bar. The text for the play was determined from discussion by the collective on what the issues of importance in the gay a community were and how they c best dramatized. AIDS was prin the play ended with a naming of dead and dying which involved audience in direct participation.

Higher Ground: Voices of AIDS, a theater project between the local chapter of the National Association of People With AIDS (NAPWA) and SAME, premiered at the local showing of the NAMES Project Quilts at the World Congress Center. The play was based on over forty interviews with people with AIDS and the performers were twenty-two people with AIDS and six others.

Other theater projects include *Jerker*, *Dream Man* and *Bathhouse Benediction*, toured in from Los Angeles, and *Different*, a musical which ends with an AIDS death and a second community play of *For Love and For Life II* which grew to thirty-seven actors and reflected changing views on AIDS. The most recent AIDS theater project was a trilogy of plays by Jim Grimsley (*Man With A Gun*), Bill Bagwell (*Friday's Thanksgiving*), and myself (*Body To Body*), which were produced as a part of Nexus Contemporary Art Center's *"the subject is AIDS."* These plays explored bisexual AIDS in the future, gay AIDS in the present, and babies who are born HIV positive.

AIDS Art Action, a collaboration between visual artists and people with AIDS, ARC or HIV positive tests is currently in process with an exhibition scheduled at the Atlanta College of Art in January 1990. A special issue of *Amethyst*, a gay and lesbian literary journal, is planned around AIDS. SAME is working with local AIDS organizations on developing posters, plays and comic books on safe sex and drug use for teenagers. The SAME staff, board and membership all include people with AIDS.

Although SAME uses art to explore other issues, a propensity to discover and examine and express fears and hopes and losses around AIDS has been predicated on the changing state of the personal understanding of the artists and the ever-changing and overwhelming nature of the epidemic. There cannot be one expression of voice for a disease that continues to climb in numbers of dead and diagnosed, that has no end in sight, that constantly changes and continues to rob this society of its members. What was done a year ago or six months ago is history, a chronicling and documenting of art exploring AIDS. SAME will continue to give the voice to the artist who wishes to speak.

Rebecca Ranson is an Atlanta playwright. (Art Papers, March/April 1989.)

Positive

Cont'd from Front Page of ALIVE & AWARE

job is to stay as healthy as possible with what is available today so you can take advantage of new developments tomorrow.

We now know that there are things you can control to influence the course of HIV infection. Learn what they are and take action. They include cutting down or elimination of recreational drugs and alcohol, reducing stress, eating well and practicing safer sex (which also protects YOU from getting MORE virus into your body).

Early intervention is important. If there is any good reason to know that you are positive, it is so you can begin life style changes and treatments sooner rather than later. Now is the best time to get started.

Knowing You Are Positive Is Not Enough

The next step is to find out the condition of your immune system. There are several tests that a doctor can perform to tell if HIV has affected your ability to fight off diseases. (Most people who test positive still have well-functioning immune systems.) Many HIV/AIDS organizations (including NAPWA) have lists of doctors and clinics that know a lot about HIV. It is important to get the most expert and up-to-date medical supervision. Last year's knowledge is not good enough because this year's is better!

There Are Lots of Options

The worst option is to remain isolated and do nothing. Instead, you can reach out for support and education available through such organizations as NAPWA. (If you live away from the Atlanta area and do not know of any type of HIV organizations in your area, call us at 404-874-7926; we may know of something close to you.)

You can get support from others who share your concerns in support groups. You can learn about HIV infection, what you can do and how to make decisions about treatments by becoming a NAPWA member and attending the various courses and forums we will notify you of through our mailing list. You can learn about the latest treatments by utilizing NAPWA treatment library and ordering some of the treatment journals and newsletters that are available to HIV+'s, such as *ALIVE & AWARE* and *The Body Positive* from New York.

We Can Help Each Other

There is no need to try to handle this by yourself. Many people who have received positive test results are waiting to assist you through what is often a difficult period. Reach out.

(Edited from The Body Positive, March 1989)

Meetings Calendar

ACT UP
Tuesday 7:30 P.M.
131 Ponce de Leon Ave. #233

Orientation for the Newly Diagnosed
Call for Next Date (222-2440)
Grady Inf. Disease Clinic, 35 Butler St.

Georgia AIDS Coalition
3rd Tuesday @ 6:30
131 Ponce de Leon Ave. #233

Atl. AIDS Research Consortium, Inc.
2nd Tuesday 7:30 P.M.
Crawford Long Hospital Conf. Rm. 6302

Helping Hands – Meeting of AIDS Related Groups
1st Thursday @ 5:30 - 7:30 P.M. Call 874-3576 for location

LAMP Project
2nd Monday 7:30 P.M.
N. Highland Branch Library

NAMES Project/Atlanta
Every Wednesday @ 6:30 P.M.
ALL SAINTS EPISCOPAL CHURCH
634 W. Peachtree St. N.E.

NAPWA Volunteer Training Program
Next 3 sessions: Sat., July 8; Aug. 5; Sept. 9.
New Vol's 1 - 3 PM; Cont. Ed. 3 - 5 PM.

P.W.A. Tuesday Dinner
Every Tuesday @ 6:00 P.M.
Shrine of the Immaculate Conception
48 Martin Luther King Dr.

Support Groups

Group	Time	Location
PWA EVENING 873-5427	WED., 7:00-9:00 PM	St. Luke's Episc. Church 435 Peachtree St., NE
PWA./ PWARC WOMEN'S ISSUES 874-6517	2nd & 4th WED., 12:00-1:30 PM	AID Atlanta 1132 W. Peachtree St. NW
Lymphadenopathy/ARC 874-6517	MON 7:00-9:00 AM	AID Atlanta 1132 W. Peachtree St. NW
Family, Friends & Partners 874-6517	MON. 7:00-9:00 PM	AID Atlanta 1132 W. Peachtree St. NW
Bereavement 874-6517	MON 7:00-9:00 PM	AID Atlanta 1132 W. Peachtree St. NW
PWA/PWARC Minority Issues 874-6517	THURS. 7:00-9:00 PM	AID Atlanta 1132 W. Peachtree St. NW
The Worried Well (HIV + or HIV -) 874-4737	TUES. 6:00-7:30 PM	For Information call: 874-4737
PWA In The Family 874-4737	WED. 7:00 PM	By reservations only call 874-4737
P.L.U.S. – Positive Living Under Stress 876-5372	FRI., 8:00 PM, SUN., 6:00 PM	Atlanta Gay Center 63 12th St. NE
Life Healing – HIV Support Group (HIV + or HIV -) 953-3136	WED., 7:30 PM	Atlanta Center of Attitudinal Awareness
PWA Tuesday Night Dinners 521-1866	TUES., 6:00 PM	Shrine of the Immaculate Conception 48 Martin L. King Dr.
DeKalb General Hospital PWA/PWARC's Family & Friends 297-5400	 THURS 3:00-4:30 PM 2nd TUES., 6:00-7:30 PM & 4th TUES., 5:45-7:15 PM	2701 N. Decatur Rd. Decatur, GA
Circle of Healing 378-5570 or 874-8294	1st & 3rd SUN., 3:45-4:30 PM	First Existentialist Church 470 Candler Park Dr.
P.A.L.S. – Positive Approach for Living Support Group (for parolees & people on probation) 656-5736	Call for Information	Call for Information
W.A.T.C.H. – Wonderful Attitudes That Change & Help 874-3588	MON. 7:00-8:30 PM	Dekalb Addiction Ctr.. 1260 Briarcliff Rd. NE
Veterans Positive 321-6111	MON. 10:00 A.M	V.A. Hospital 1670 Clairmont Rd.
Grady Wellness/Support Group 222-2440	Contact Paula Reid or John Templeton	Hughes Spalding Med. Center 35 Butler Street
Couples Support Group 875-5792	Call for Information	(private therapist)
NAPWA Peer Counseling 874-7926	MON.-FRI. 12-5 PM, or by appointment	131 Ponce De Leon Ave., NE Suite 233

Support Groups Outside Metro Atlanta

Albany AIDS Task Force 912-888-1428	Call for Information.	Call for Information.

Resource Page Provided as a Service by the Atlanta chapter of the National Association of People With AIDS. For More Information call (404) 874-7926.

Services

Grant Park Family Health Centers Inc. Recently includes dental work, accepts medicaid/care, sliding scale for non-insured (very flexible). Call Alice Delany. 665 Grant St., SE	404-266-3830
Anonymous HIV Testing	
Fulton Co. Health Department	404-572-2126
Atlanta Gay Center	404-892-0661
Department of Human Resources	404-894-5304
Therapeutic Massage Molra Terrell - sliding scale - pay for gas to come to your home for massage.	404-929-3731
PWA Health Group Buyer's Club	212-532-0363
AID Atlanta Social Services, Case Management	404-874-6517
Metropolitan Family Studies Center Project Prevail provides mutual support for PWA's & PWARC's by helping you build your own support network. 2494 Jett Ferry Rd. #103, Dunwoody, Ga. 30338 Also, individual counseling on a sliding scale.	404-668-0350 404-874-1334
Free Haircuts for PWA's Mondays only. Contact at home, will come to your house.	404-624-9970
Legal Aid A legal clinic to assist people with drafting wills, living wills, power of attorney & insurance.	404-427-9091 404-427-2154
Income Tax Service Call Joel Brook. Free of charge to PWA's.	404-347-3623 404-325-4701
Atlanta NAPWA Counseling, job & roommate referral, treatment information, advocacy, resource referral and other events for PWA's, PWARC's and HIV +.	404-874-7926
Alliance Against AIDS Provide complete case management, working with insurance companies & families to minimize costs while offering the maximum amount of quality health care.	404-261-6210
Home Nutritional Support (HNS) Specializes in I.V. therapy for the home. Working with insurance companies and families to minimize the cost.	800-872-4467
Project Open Hand Meals delivered to homes of PWA's.	404-248-1788
Salvation Army Canned food	404-892-7930
The National Institute of Allergy & Infectious Diseases (NIAID) Clinical trials. Information Service MON-FRI. 9:00 AM - 7:00 PM E.D.T.	800-874-8578

Support Groups Outside Metro Atlanta

Group	Time	Location
AIDS Athens 542-AIDS, or 542-9819	Call for Information.	Call for Information.
Coastal Area Support Team 912-264-2111		Call for Information.
PWA/PWARC	THURS., 7:30 – 9:00 PM	
HIV +	TUES., 7:30 – 9:00 PM	
Family	WED., 7:30 – 9:00 PM	
Friends	FRI., 7:30 – 9:00 PM	
HIV/AIDS Columbus GA. 576-9760	Call for Information.	Call for Information.
Dalton, GA 278-8857	Call for Information.	Call for Information.
Macon, GA 742-2437	Call for Information.	Call for Information.
Savannah, GA 238-5953	Call for Information.	Call for Information.
Northwest GA (Chattanooga) 615-266-2422	Call for Information.	Call for Information.
Columbus, GA 323-AIDS	Call for Information.	Call for Information.

June 22 - July 5

GEORGE BENSON. Fri., June 30 and Sat., July 1. ASO Chastain Park.

JODY WHATLEY. Sun., July 2. Attempting to channel Tina Turner. Fox Theater.

ROD STEWART. Mon., July 3 at 8:00 PM. Southern Star Amphitheatre at Six Flags. Tickets on sale at Turtles and all SEATS outlets.

LITTLE FIVE POINTS PUB. Nightly setting the stage for live entertainment. On Moreland Ave.

CARIOCAS. Mose Davis Trio every Wed. & Thurs. from 5–8 PM. Bernadine Mitchell with the Mose Davis Trio every Fri., 5–8 PM. VJs and big screen video Sat. & Sun., 9 PM–closing. Rio, Plaza Level. No cover.

Photography

"LIKE A ONE-EYED CAT." Tues., June 27 thru Aug. 27. 150 black and white photographs by the renowned Lee Friedlander. This exhibit includes works that come from his most popular series–"Self Portrait," "American Monuments," "Factory Valleys"–as well as works that have not been viewed until now. High Museum, 1280 Peachtree. Call 881-0452 for details.

"Canyon de Chelly, Arizona" (1983) by Lee Friedlander will be on view in the exhibition "Like a One-Eyed Cat: Photographs by Lee Friedlander 1956-1987" June 27 through August 27, at the High Museum of Art.

Radio

The best radio in town is heard on WRFG–89.3 FM. Listen up! Here's a sampling.

SUNDAYS: "Sound Environment"–8:30 PM. Presented by Greenpeace, news and info on the environment with Leslie Jones; "Southern Gay Dreams"–7:30 PM. Music and talk by and about Atlanta's lesbian and gay community.

MONDAYS: "Just Peace"–5:00 PM. A program about peace with justice; "Revolution Rock"–8:00 PM. Rap, rock and reggae for rebels without a pause.

WEDNESDAYS: "Woman Forum"–7:00 PM. News, interviews and music with a feminist perspective. *Excellent.*

THURSDAYS: "Still Ain't Satisfied"–5:05 PM. Music and public affairs from a Heretic woman's view; "This Way Out"–6:00 PM. The international lesbian and gay radio magazine brought to you by *Southern Voice.*

Performance artist Brenda Wong Aoki will present the classic legends of China and Japan through techniques from Eastern and Western theatre and modern dance as part of the High Museum's summer atrium concert on Wednesday, June 28 at 7:30 PM.

Sports

HOTLANTA SOFTBALL–WOMEN'S DIVISION

JUNE 25

11:00–Burkhart's vs Backstreet

12:20–Page vs Fish and Backstreet vs Armory

1:40–Toolulah's vs Burkhart's

3:00–Rumblefish vs Armory

4:20–Tower Pub vs Toolulah's

JULY 2

(Fourth of July Weekend–No games scheduled)

HOTLANTA SOFTBALL–MEN'S DIVISION

JUNE 25

11:00–Blake's vs Moose/Etc.

1:40–Bulldogs vs Bass Ale

3:00–Lushpups vs Bass Ale

4:20–Burkhart's vs Armory

JULY 2

(Fourth of July Weekend–No games scheduled)

Theatre

BRENDA WONG AOKI. Wed., June 28. 7:30 PM. Aoki presents classic Oriental legends in a blend of Eastern/Western theater and modern dance. She has worked with Japanese masters in Kyogen and Noh traditional drama, collecting a repertoire of material from 4,000 years of Asian folklore. High Museum, 1280 Peachtree. Atrium. Free.

"COTTON PATCH GOSPEL." Thurs., June 22 thru July 30. A musical retelling of the Jesus story by Matthew & John, those wild & crazy disciples of Our Lord. Only this time, they say he's from Georgia. Alliance Mainstage. Tickets, $13–28. For more, call 892-2414.

FLY HIGH. Thurs., June 22 thru Sun., July 1. Atlanta playwright Jim Knoll's play about two buddies, love, life, AIDS and the ultimate triumph of the spirit. Tickets, $10. Onstage Atlanta, Courtland St. Call 584-2104 for more.

The Georgia Shakespeare Festival presents ***TWELFTH NIGHT*** and***THE COMEDY OF ERRORS*** in rotating repertory, Fri., June 23 thru Sun., Aug. 13. Tickets, $14.50, Tues.–Thurs; $16.50–Weekends. Pre-show performers entertain picnickers on the grounds beginning at 7:30 PM nightly; curtain time is 8:30 PM. The Georgia Shakespeare Festival takes place outdoors on the campus of Oglethorpe University, 4484 Peachtree Road. For information call 264-0020.

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Tuesday, July 11, 8:00 pm
7 Stages Mainstage: 523-7647
This program is supported in part by the City of Atlanta, Bureau of Cultural Affairs

ORGANIZATIONS

AAALGA- African American Lesbian/Gay Alliance. 1st Sunday of each month. 4:00 PM. Quaker House. A political and social organization for black lesbians and gay men. PO Box 50374, Atlanta, Ga., 30302. 691-5921 or 297-8815.

ACLU/LG-ACLU/Lesbian &Gay Chapter. 3rd Wednesday of each month. Peachtree Branch Library. 7:30 PM. Working for the civil rights of lesbians and gay men in the metropolitan Atlanta area. 231-5991.

ACT- Atlanta Couples Together. A non-political, non-religious, social organization whose purpose is to support the positive aspects of gay and lesbian relationships. Events and meetings vary. Info: A.C.T. Voice Mailbox, 365-2455, or write PO Box 723291, Atlanta, Ga., 30339.

ACT UP/Atlanta–AIDS Coalition To Unleash Power Direct action group with the purpose of fighting homophobia, AIDS, sexism and racism. Meetings held every Tuesday at 7:30 PM at 131 Ponce de Leon, Suite 233. 24-hr. info line – 286-6247. Outside Atlanta, call 800-342-7038 ext. 6247.

AFC- Atlanta Faerie Circle. 1st Sunday of each month. Location and time varies. Gay men who gather to support one another and explore their connections with the earth and white light. 622-4112.

AGC- Atlanta Gay Center. 876-5372. Operated primarily by volunteers, AGC offers services for lesbians and gays men as well as educational out-reach to society as a whole.AGC Help Line-892-0661.

AGMC- Atlanta Gay Men's Chorus. A semi-professional community-oriented chorus of male voices. Membership open to all interested singers and non-singers alike. 378-9676.

ALACC- Atlanta Lesbian Agenda Conference Committee. A diverse group of lesbians helping to organize the 1st National Lesbian Agenda Conference to be held in Atlanta in 1990 or 1991. For info call 378-9769.

ALFA- Atlanta Lesbian Feminist Alliance. 2nd Sunday of each month. 6:00 PM. A lesbian feminist organization which welcomes lesbians of all races, religions, political orientation, economic status, occupation and degree of openness. Write PO Box 5502, Atlanta, Ga. 30307 for more information and to request newsletter.

ALGPC- Atlanta Lesbian/Gay Pride Committee. 2nd Tuesday of each month. 7:30 PM. Unitarian Universalist Church. Needs volunteers to coordinate this year's lesbian and gay pride March to insure its success.

AMC- Atlanta March Committee- More Than a Phase.2nd and 4th Tuesday of each month. 7:30 PM. North Highland Branch Library. A community based activist organization that works toward promoting lesbian and gay rights through educational, social, cultural, and political events. 377-8312.

AVS- Atlanta Venture Sports. Activities and meetings vary. An association in which the membership enjoys recreational, social, educational, and sports activities. 242-4899.

AID Atlanta- A community-based, non-profit agency providing multiple services to all people with AIDS, their families and friends, and education to everyone regarding the disease and its prevention. 1132 W. Peachtree St. (Entrance 13th Street). 872-0600.

AIDS Information Line-876-9944 (Atlanta); 1-800-551-2728 (State-wide).Answers to questions about AIDS, referrals, etc., by trained volunteers staffing phone lines from 9:00 AM-9:00 PM daily. A public service of AID Atlanta and the Ga. DHR.

Atlanta Business & Professional Guild- A non-profit service organization comprised of both gay/lesbian and non-gay professionals and businesspersons. 2nd Tuesday of each month. Place varies. Membership and further information: 662-4202.

Atlanta Feminist Women's Chorus- A community-oriented choral group of women's voices. Membership is open to all women interested in singing. Chorus practice held each Sunday, 6:00-8:30 PM at the First Existentialist Church at 470 Candler Park Dr. 355-8894 or 435-4498.

Atlanta Lambda Chorale- A community-oriented choral group for both men and women. Membership open to all singers and non-singers alike. Rehearsals every Tuesday at MCC-Blessed Redeemer, 800 N. Highland Ave. 7:30 PM. 874-1622.

BWMT- Black and White Men Together. 1st Saturday of each month.8:00 PM. Location varies. A gay inter-racial organization committed to fostering a supportive envi-ronment wherein racial and cultural barriers can be over-come and the goal of human equality realized. 794-BWMT.

Circle of Healing- 1st and 3rd Sunday of each month.4 PM. First Existentialist Church. The Circle is open to anyone in need of healing, be it physical, emotional, or spiritual.

CODA – Codependents Anonymous – Lambda. A 12-step program of recovery from codependency for gays and lesbians. Meetings Tues. & Wed. at 8:00 PM. For info and locations call: 239-1657.

Chrysalis – A women's center providing social, educational and informational programs and services for the community. 2045 Manchester. For info call (404) 881-6300.

Congregation Bet Haverim- Services 1st and 3rd Friday of each month at 8:30 PM. Shabbat Seder, 2nd Friday of each month at 7:30 PM. Quaker House, 1384 Fairview Dr. Proudly serving the lesbian and gay community. Synagogue information line: 642-3467.

COOR – Coalition Opposing Operation Rescue opposes any individual or group trying to limit women's rights of reproductive choice. Meetings every Thursday at 7:00 PM, Inman Park Library, 447 Moreland Ave. 365-5311.

ELGO- Emory Lesbian & Gay Organization. Meetings every Wed. at 7PM. Room 363E Dobbs University Center. Box 23515, Atlanta, Ga. 30322. 727-6692..

First MCC Atlanta- Sunday Services at 11:00 AM and 7:00 PM evangelistic service. Mid-week services on Wednesday at 7:30 PM.800 N. Highland Ave. Office hours Noon-6:00 PM,Tuesday-Friday.A Christian church proclaiming God's love for lesbians and gay men. Counsel-ing available by appointment for individuals and couples. Same sex Holy Unions performed. 872-2246.

Fourth Tuesday–A networking organization for lesbian professionals and entrepreneurs, operating through monthly dinner meetings and a variety of special social, sports and educational events. P. O. Box 7817, Atlanta, GA 30309, 662-4353.

Friends Atlanta- Activities and meetings vary. A social, recreational, and educational group for gays and lesbians. Volleyball, bowling, dinners, theater nights, and dances are among the activities. 662-4501.

Friends of Zoo Atlanta- Support organization for Zoo Atlanta. For info regarding corporate sponsorship, membership, volunteers and adopt-an-animal call (404) 525-9936. Mon.-Fri., 9AM-5PM.

GALA- Gay Atheists of America. Meetings social in nature and at members' discretion.To assure freedom of speech; freedom from religion; to defend the separation of church and state; to assist in obtaining civil rights for gays and lesbians, and to offer non-believers an alternate social scene. 875-8877.

GALA- Georgia Tech Gay and Lesbian Alliance. Every Thursday at 7:30 PM. 676-1339 or 352-9213. GALA, Programs Area, GA Tech, Atlanta, GA 30332.

GANG – Greater Atlanta Naturist Group. For gay men who enjoy nude outdoor and social activities. Not a sex club. Nude camping, swimming, parties, etc. several times per month. For info send SASE to: GANG, PO Box 7546, Atlanta, GA 30357.

GAPAC- Greater Atlanta Political Awareness Coalition. Meetings vary. The gay and lesbian political action committee monitoring and acting in the local political scene. 888-0510.

GLPCI- Gay and Lesbian Parents Coalition International. 1st and 3rd Sunday of each month. 7:30 PM. Unitarian Universalist Church. A support group for lesbian and gay parents. 296-8369.

The Group- Thursday nights. Call the Gay Help Line at 892-0661 or write PO Box 15191, Atlanta, Ga. 30333. A support group for gay and bisexual men who are or who have been involved in marital-type situations with women.

Hotlanta Volleyball–Serious and amateur players are welcome to join. Members compete in tournaments and regulation league play. Clinics held during the year to learn and practice new techniques. Call 875-0700 for info.

Integrity- Gay Caucus of the Episcopal Church. 2nd and 4th Friday of each month. 7:30 PM. All Saints Episcopal Church-3rd floor of Ellis Hall. 875-2720.

LAMP – The Living AIDS Memorial Park Project. Second Monday of every month. 7:30PM. N. Highland Branch Library. For info: 874-3107 or 872-7568. Address : LAMP, PO Box 301, 1579 F Monroe Drive, Atlanta, GA, 30324.

LEGAL- Legislate Equality for Gays and Lesbians. 3rd Monday of each month. 7:00 PM. Peachtree Branch Library. The voice of lesbian and gay Georgians in the Democratic party. 289-6358.

LIFE- Lesbians in Fun Endeavors. Meeting times and locations vary. Bringing professional gay women together for the fun of it, giving them the opportunity to make friends and enjoy a wide variety of events. 493-3966.

Lutherans Concerned/South Carolina– A society of gay, lesbian and non-gay Christians. All denominations welcome. We work to foster a climate of understanding, justice and reconciliation among all people. 3rd Sunday of each month. 4:00PM. 728 Pickens St., Columbia, SC. Contact: PO Box 90537, Columbia, SC, 29290. (803) 732-0838.

MACGLO- Metro Atlanta Council of Gay and Lesbian Organizations. 3rd Thursday of each month. 7:00 PM. Peachtree Branch Library. A representative council of lesbian and gay organizations to facilitate the exchange of information. 242-2342.

MCC All Saints–Serving metro Atlanta with positive Christian support for lesbians and gay men. 5:00 PM every Sunday. 575 Boulevard, SE. Office hours: Mon-Thurs. 10AM-Noon, and 1PM-4PM. 622-1154.

NAPWA- Atlanta Chapter of the National Association of People with AIDS. Regular meetings and events. 131 Ponce de Leon, Suite 233. A political, social, and educational organization confronting the AIDS crisis. Membership is open to all individuals with AIDS, ARC or who are HIV positive. 874-7926.

The Names Project/Atlanta- A National AIDS Memorial. Every Wednesday at 6:30PM at All Saints Episcopal Church. Send correspondence to: 375 Georgia Ave., Atlanta, Ga. 30312.

P-FLAG- Parents and Friends of Lesbians and Gays. 3rd Sunday of each month. 5-7 PM. Unitarian-Universalist Congregation of Atlanta. Committed to help parents learn what we have learned. To help change attitudes and create an environment of understanding, so all gay people can live with dignity and respect. 961–6085 or 296–0830.

PLGC- Presbyterians for Lesbian and Gay Concerns/More Light. 3rd Sunday of each month. Gays and lesbians gather over light foods to celebrate their Presbyterian heritage. 373-5830.

Palmetto Gay/Lesbian Association – A support, education and civil rights organization in S. Carolina. PO Box 10022, Federal Station, Greenville, S.C., 29603. 24-hr. switchboard – (803) 271-4207.

Pride of Peachtree – Atlanta's Lesbian & Gay Marching Band.Every Monday night 7:30PM-9:00PM at First MCC, 800 N. Highland Ave. For info call 434-7826 .

Project Open Hand – Prepares and serves meals to PWAs, PWARCs unable to do so themselves. Volunteers needed for organizing, kitchen and delivery. 248-1788.

SESA - The Southeastern Sports Alliance is a fundraising, awareness and organizer for sports and cultural events leading up to Celebration '90 Gay Games & Cultural Festival, Vancouver, British Columbia. 875-0700.

SAME- Southeastern Arts, Media & Education Project, Inc. Utilizes the arts and media as tools for exploration, education, and change in human rights, especially those pertaining to the lesbian and gay community. 584-2104.

WOW- Women of Wisdom. Usually every 3rd Monday of each month. 7:30 PM. N. Highland Branch Library. Facilitates women meeting together with other women in a pleasant atmosphere. Offers timely programs of interest to the community, reaches out to older women and women with special needs. 984-9929.

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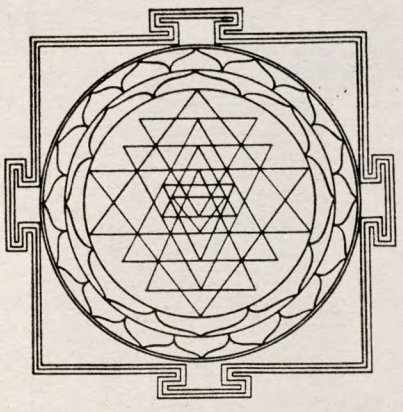

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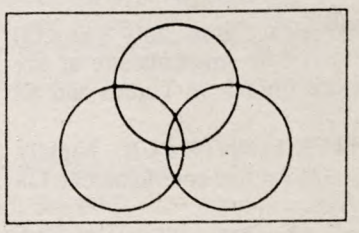

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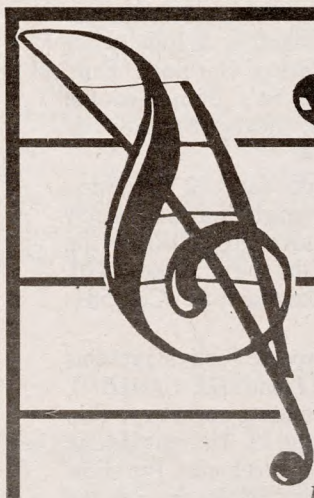

Atlanta Lambda Chorale
Will be performing Pride Week Tuesday, June 20 at the All Saints MCC's Interfaith Service beginning at 7 pm Saturday, June 24, at Piedmont Park at the Pride Rally
ALC is Atlanta's choice for men and women singing together.
For More Information or to Join, call Bob Grice at 874-1622

Show Drag Is Back In Atlanta At Lipstix

"Girls will be boys and boys will be girls
It's a mixed-up, mucked-up, shook-up world
except for Lola..."

–The Kinks

Glamour has returned to Atlanta with the establishment of Lipstix, the new home for the finest in female impersonation here. Although "drag shows" have been common around town in several different versions since the drag-palace Illusions closed in 1986, Atlanta hasn't since seen the glitz that a talented choreographer, cast and crew can put together until Lipstix recently hit the scene.

Like a Chinese Puzzle, each new illusion at Lipstix peels back to reveal another, with only a tantalizing glimpse of the reality behind it all. And, the topsy-turvy world of female impersonation, where preconception is often misconception, continues to dazzle newcomers and oldtimers alike.

"There's no way those are men up there," declared Jimmy, who along with his wife and another couple had driven in from Stone Mountain to catch their first-ever drag show. "I won't believe it 'till I see the hair on their balls," he declared.

Jimmy never did get his final proof, but he had been convinced by the end of the evening. "What I saw tonight was amazing. They dance like women, they look like women, they even smell like women." How did he know what they smell like?

"That one girl was so good, I had to tip her," Jimmy admitted. And, he confessed shyly, she leaned over and smacked him on the cheek when he did. He declined to say, however, whether or not the performer kissed like a woman.

Ziggy Stardust

A Bridge Over Troubled Water

Jimmy and his foursome are part of the new phenomenon created by Lipstix since its opening. They are straight, white suburbans drawn into the heart of Atlanta to witness what was previously an almost exclusively gay event–a "drag show."

"I would say that our clientele is about 50/50, half straight, half gay. Which I love," owner Ron Sanford said. "I like to see straight people in the club."

Make no mistake, though, Lipstix is definitely a gay club, Sanford said. "It's gay owned, gay operated, and everybody who works here is gay."

"Lipstix makes it OK for gay and straight people to party together," explained waitron Chocolate Thunder. "It stands as a link between the two communities.

Chocolate and the rest of the people at Lipstix believe that "drag" is leading the way into the next stage of gay/lesbian liberation–with or without the blessings of mainstream political activists. They are quick to remind anyone who brings up the subject that drag queens led the way at the Stonewall Inn riots 20 years ago, and now, they say, they are reaching and positively affecting more straight people than any other organized group of gay/lesbian people.

A "Bad Gay Image"

The performers are frustrated, however, that gay and lesbian activists have not yet recognized their contribution to the movement. Many gays are embarrassed to be connected with them publicly unless they need to raise money, the performers complain. Those who aren't embarrassed, they say, often attack their work as degrading to women.

"They want us to do benefits when someone is sick or someone needs to be elected," said performer Ziggy Stardust. "But when it comes to promoting us in things that aren't benefits, they don't want us because we're a bad gay image."

"The human rights struggle is hard enough without being put down in your own community," Sanford added.

One gay man had nothing but compliments for last Saturday night's show. He had admitted earlier though, that he did not participate in gay/lesbian pride activities because he did not want to be connected with "that image. You know, the queens flouncing around in the street."

Too many gays and lesbians, Sanford counters, buy in to the traditional American view that the absolute worst thing a man can be is a woman. Gay men especially, he said, will vilify the "drag community" in an attempt to prove they are not the twisted perverts society says they are. Sanford calls it the "I'm not that kind of gay" syndrome.

"What you wear has no bearing on your masculinity or your femininity," Sanford argues. "Either way, I'm still me. (But) even if I am a flaming fag, I don't have to explain myself to anyone."

Those who argue against female impersonation on the grounds that it is sexist, react viscerally to the performers. Too often, critics charge, female impersonators portray women as being all lace and glimmer, with no substance.

"I feel the performers are real misogynistic," said Rachel Barrow, a member of the Atlanta Lesbian Feminist Alliance. "I thought it (the show) was making fun of women, and I was offended by the whole thing."

Barrow made a distinction between transsexuals in general and the performers, "I don't care what people wear. It's just what they promote on the stage that bothers me." She was not speaking on behalf of her organization.

"Anybody offended by female impersonation, I'd like to invite them to our bar, and suggest they take it as what it is–entertainment," countered Sanford.

The "Art" of Female Impersonation

Entertaining, the performances certainly are. But is there an "art" to it?

Definitely so, boast the cast members at Lipstix. They proudly proclaim themselves to be the "cream of the crop," and Sanford says he wants to make Lipstix like "no other place in the Southeast."

Lipstix, he points out, is a show bar, specifically devoted to showcasing the talents of the performers. Sanford said he spends over $5,000 on each week's production in an effort to "make the place new all of the time."

"I put in a new production number every week," Sanford said, "and the show's never the same," not even the two performances offered every night.

The mix of hard-driving rock-n-roll and "melancholy baby" numbers with progressive political thinking and low-brow humor mark Lipstix as a special place quick to become an Atlanta landmark. Stop on by sometime, and see for yourself. Drag is back in Atlanta–with a vengeance.

– Chris Duncan

Terry Vanessa Coleman, shown here before the show with Kelly Rae, and at top during her dynamic performance.

Lipstix is open Wednesday through Sunday of every week. Showtimes are 10:00 and 12:00 PM Wednesday, Thursday and Sunday , and 11:00 PM and 1:00 AM Fridays and Saturdays. Reservations are suggested. Call 633-0452 for more information.

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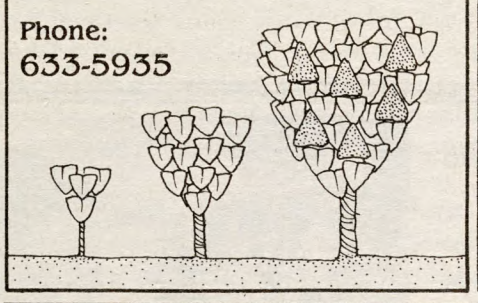

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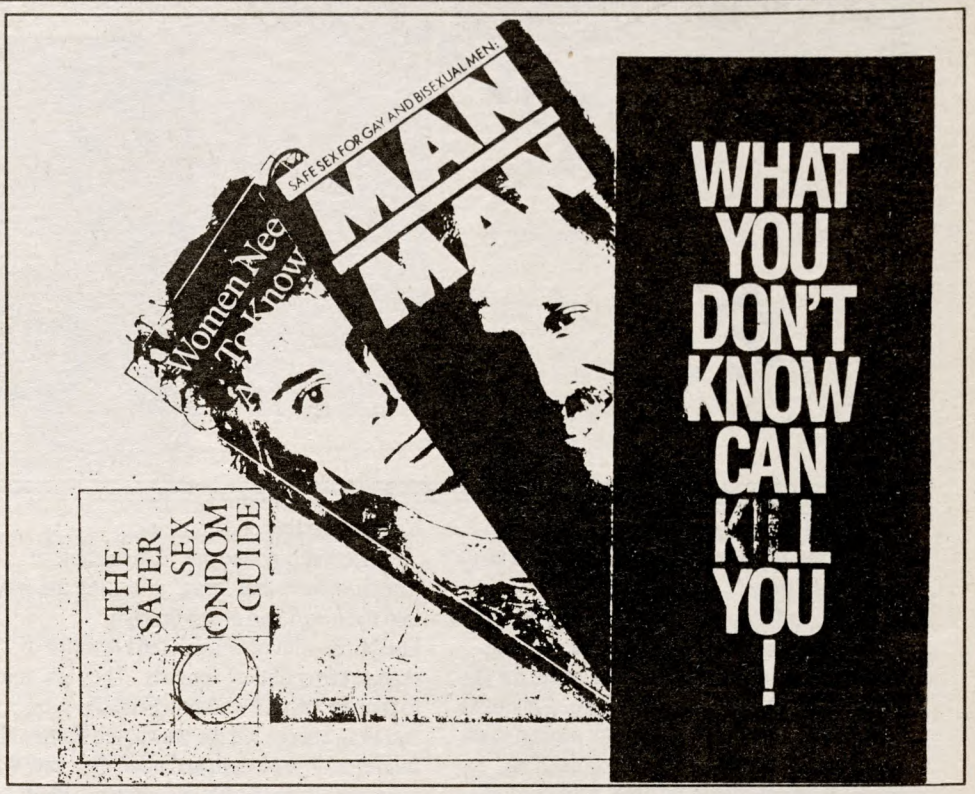

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Safe Sex Parties Return to Atlanta with Campaign '89

As the dynamics of the AIDS epidemic have changed and the rate of HIV infection among gay men declined, AID Atlanta has been in the process of expanding its educational programs to reach Atlanta's black community. In the process they have adapted their educational materials to a broader audience. Margie Gay-Peterson, AID Atlanta's Associate Director of Education, and George Sinclair, Public Information Officer, are part of that effort.

AID Atlanta's "Campaign 89" is essentially an adapted reprisal of their successful "P.S., I Love You" program from a few years back. But, unlike "P.S., I Love You," which focused only on gay men, "Campaign 89" has been adapted to fit the needs of Atlanta's black community.

This expansion in educational services does not mean that AID Atlanta has abandoned the gay community, but is rather an acknowledgment that as AIDS has spread beyond the gay community, preventive measures must be extended as well. Here in Georgia, although blacks make up 27 percent of the population, they account for 36 percent of AIDS cases. Nationally, over 50 percent of the women and children with AIDS are black.

In response to this growing need, AID Atlanta has brought back the safe-sex version of the "Tupperware" party. Stressing that a person "needs to know that AIDS is fatal, but that the good news is that if you are not infected, you never need become infected," says Gay-Peterson is the basic format of the program.

A standard party agenda consists of a facilitator encouraging participants to ask questions regarding AIDS. Everyone gets free tools to use in risk reduction: condoms, lubricants, massage oil, and brochures containing information about reducing the risk of getting AIDS.

George Sinclair stressed that the "party" atmosphere is useful in reaching individuals whose sexual activity is "sporadic and erratic–people who don't even acknowledge that they are gay."

Given that the rise of HIV infection in the black community is undeniable, AID Atlanta has a lot of people to educate through its outreach programs. Young people in particular are the easiest because they are the most curious about sex. Unfortunately, they are also the most likely to begin experimenting with intravenous drugs which have become the fastest growing source of HIV infection in the country.

Gay-Peterson stressed that although "Campaign 89" was intended to address the needs of the black community, the agency's services are available to anyone who wants them. Safe-sex parties are free, and open to all.

–Molly McGuire

Montreal AIDS Conference Lends Hope

The Fifth Annual International AIDS Conference held this month in Montreal has provided a forum for some new and encouraging information about AIDS. Although little data presented lends itself to the possibility of a cure, new knowledge on testing, survival rates, and the tantalizing prospects of a vaccine by the mid 1990's are developments to be welcomed.

Recommendations were made to implement more extensive testing, given that early treatment of infection can prevent or delay life-threatening consequences of the disease. Recent studies indicate that prompt use of appropriate medication appears to prevent pneumocystis carinii pneumonia.

However, an expanded testing program could cost as much as the $1.6 billion a year the United States is currently spending on AIDS treatment and research. And further testing also raises the possibility of concerns about discrimination against individuals infected with the AIDS virus.

New information also indicates that AIDS may be reaching the point where it might be considered a chronic and not a fatal disease. Assistant Secretary of Health James O. Mason has suggested that the breakthroughs in drug therapy–in particular the uses of AZT and aerosol pentamidine–have dramatically increased the life expectancy of AIDS patients.

Finally, Jonas Salk, discoverer of the polio vaccine, introduced preliminary results of his research which may provide an effective AIDS vaccine by the mid 1990's. Current experiments indicate that it is possible to stimulate the body's defenses against the AIDS virus. However, a workable vaccine will require considerably further testing and research.

–Molly McGuire

Commentary

A Streetcar Named Desire Relevant In The Age of AIDS

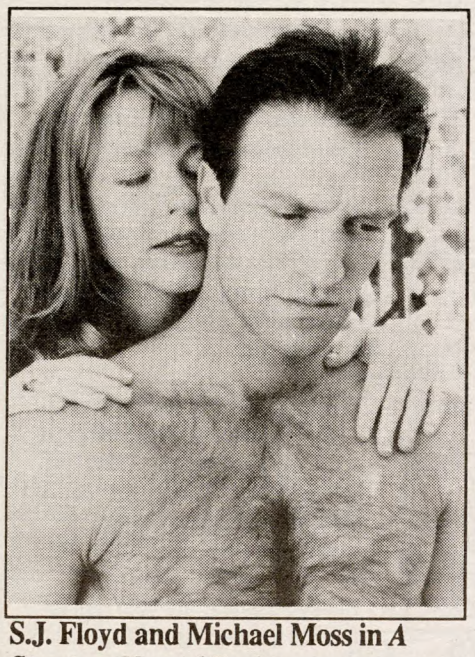
A cautionary parallel about AIDS is currently on display at the Neighborhood Playhouse. Although Tennessee Williams did not intend *A Streetcar Named Desire* that way, he might be tickled to discover the continuing relevance of his creation.

A Streetcar Named Desire goes by many other synonyms - lust, sensuality, mortality, terror and shame – but all are applicable to AIDS. Williams' valiant heroine Blanche DuBois dodges death as best she can. She is stalked by it with the "epic fornications" of her ancestors bringing loss and disgrace to Blanche as the last family member to pick up the pieces. Her feckless sister, Stella, takes off for New Orleans to the ripped T-shirt excitement of Stanley Kowalski and his animal embodiment of winning by intimidation.

Blanche is eaten up with the past - the nursing of her relatives through grotesque deaths, the loss of the family home, the suicide of her young gay husband "too fine to be human" for which Blanche cannot forgive herself thus eclipsing her entire future. The weight of the past squats on Streetcar in a stuffy hothouse atmosphere.

Our lives are similarly overwhelming if we continually mourn our friends and our own physical and personal suffering.

Blanche is full of reproach both for others and herself and with unwept grief, and the screaming message of Streetcar is – release! Express all that rage and pain and hate – and take your time to cry and get on with it. Love and comfort the living – yourself included.



S.J. Floyd and Michael Moss in *A Streetcar Named Desire.*

Blanche's consumption with mistakes and tragedies finally consumes her, and she is an outstanding object lesson of what not to do, how not to be in this era of the plague with death and disability all around us.

Blanche's ripe sexuality is fascinating too as Gigi Weinrich voluptuously recalls leaving her home to meet midnight callers on her lawn. The opposite of death is desire! She wails, and like so many of us Blanche's spirit fights with her flesh craving love and compromising for sex.

Michael Moss as simple Stanley just goes with his gut and brutally climbs a top of Stella and ultimately Blanche in bed. His sexuality is free but he annihilates as well as gives life - again a powerful metaphor for AIDS of sex without discrimination or humanity.

Seek out this Streetcar and director Greg Poulos' sensitively and sadistically realized version of one of the most eloquent and compelling plays of the 20th century, and draw your own parallels.

-Dave Hayward

A Streetcar Named Desire plays through June 24 at the Neighborhood Playhouse in Decatur. 8 PM Thursday-Saturday, 2 PM Sunday. $8, $7 students. 373-5311.

Home for PWAs Triumphs After Hard Fight

Atlanta–The Atlanta City Council voted 16-0 June 5 to endorse a special zoning permit allowing establishment of a home for people with AIDS at 831 Briarcliff Road. Mayor Andrew Young is expected to approve the measure, letting Jerusalem House initiate a $1.52 million renovation of the property to lodge PWAs in apartments.

Unlike the Zoning Review Board hearing in May, outspoken opposition to a shelter for PWAs did not emerge at the City Council. Council member Barbara Asher read a letter from Jerusalem House promising that residents' medical wastes would be dumped in accordance with CDC guidelines, resolving one objection the Druid Hills Civic Association raised to the facility. Council member Mary Davis was also pivotal in shepherding approval through the City Council Zoning Committee and in the council at large, according to Jerusalem House advocates.

To date, legal action against developing Jerusalem House has not emanated from nearby homeowners or the Civic Association. The only significant obstacle to opening Jerusalem House at the end of the year is money, according to Jerusalem House Treasurer Paul Ziegler. Professional fundraising assistance is now being solicited to this end, and concerned citizens are encouraged to contact Jerusalem House President Evelyn Ullman at 634-3336.

–Dave Hayward

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Ruling Planets

by Mary Bailey-Rule
June 22 - July 5

ARIES - Mercury and Jupiter in your 3rd house, put the emphasis on communications and your neighborhood. Venus in your 5th house of play and passion makes it the perfect time for a weekend of fun.

TAURUS - Venus joins Mars the 29th in your 4th house which rules your early family life and current home, so issues from childhood may need resolution. Also a good time to redecorate.

GEMINI - The energy and excitement in your life continues, so make the most of it by planning ahead and staying focused. The Sun in your 2nd house emphasizes material resources, so spend wisely.

CANCER - Happy Birthday! It's your turn to shine and express your special gifts. Enjoy the love of friends and family and allow them to nurture you for a change. Buy something special.

LEO - You are on a roll with Mars and Venus in your 1st house, so go with the flow and follow your hunches. Someone special may seek you out for fun and companionship. Also, situations at home may require more of your attention.

VIRGO - Your dreamtime may be very active with Mars and Venus in your 12th house, so keep a record of dreams, images and intuition. Also a good time to focus on your career plans for the next year.

LIBRA - Your career is highlighted now, so consider making changes if you aren't happy. Venus and Mars in your 11th house provide the energy and personal connections to get what you need or want.

SCORPIO - You have an opportunity to shine in your career or improve your position, so go for it. Evaluate your talents and follow-up on new interests. Also a good time to travel and broaden yourself.

SAGITTARIUS - Communicate with close friends and spend time with loved ones. You may need to attend to matters involving an inheritance or taxes. Travel or sports could provide needed rest.

CAPRICORN - Close personal relationships are highlighted now, so reconnect with old friends. Use your intuition with health and work situations. Any old misunderstandings at work can be cleared up now.

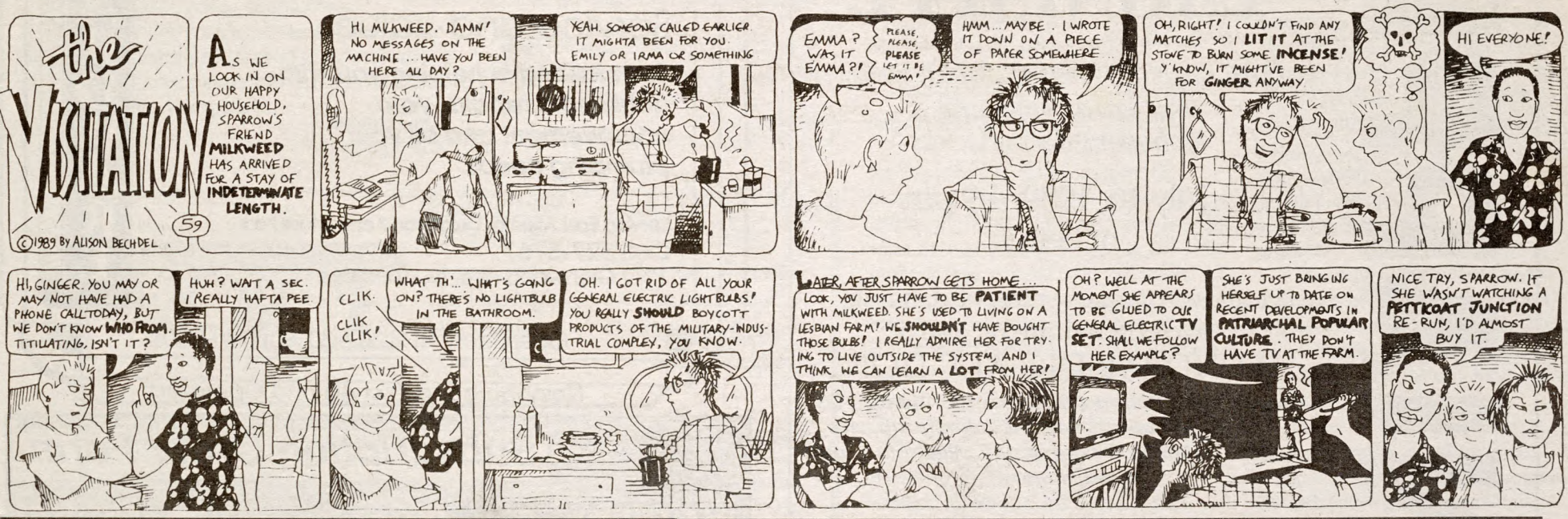
AQUARIUS - Venus and Mars are in your 7th house of committed relationships, so open up to close friends and those you love. Your need for play or a creative outlet are also important now.

PISCES - You may feel more creative for the next few weeks, so play and enjoy life. If you have an opportunity for increased responsibility at work, take it. You will have the energy and insight to handle the challenge.

Mary Bailey-Rule is a professional astrologer who specializes in birth chart analysis, relationship charts, and astrological career evaluation. For more information or an appointment, call 261-9343.

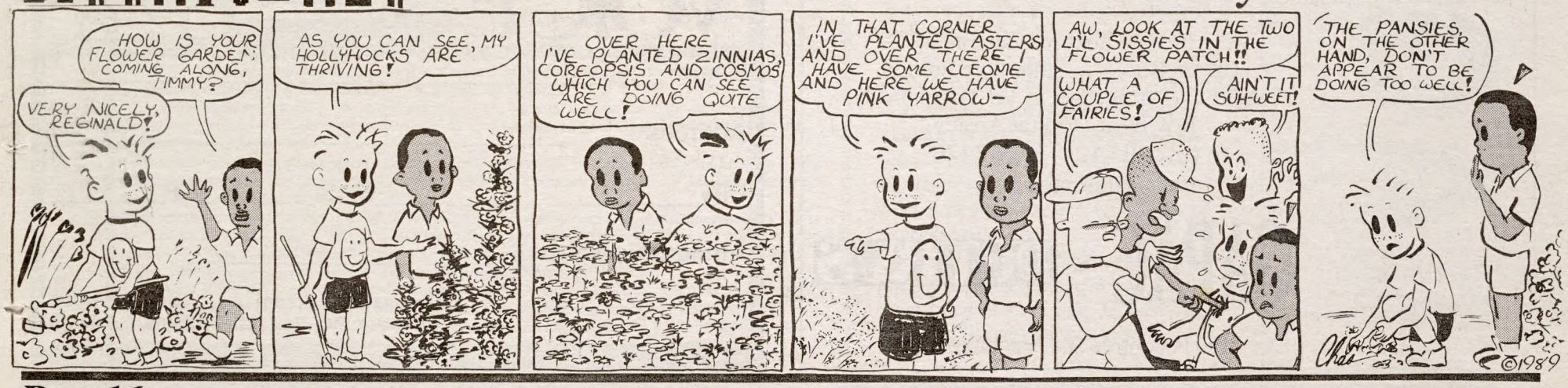
Illustrations by Liza Gollobith

Dykes to Watch Out For



bittersweet

by Charles Haver

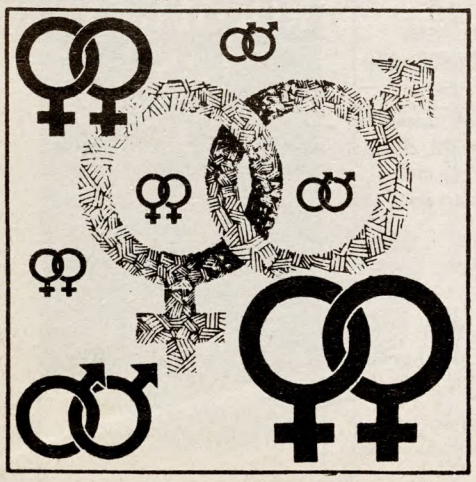


How Many Of Us Are There?

Part 3 of a 3-part Series

The whole lesson of Kinsey's research, and the point of the way he presented his data, was that sexual behavior comes in a variety of forms, and frequencies and meanings and that sexual orientation, like everything else in nature, represents a continuum from one extreme to the other. People "do not represent two discrete populations, heterosexual and homosexual," Kinsey wrote. "The world is not to be divided into sheep and goats."

Thus Kinsey was not interested in how many people were "really" homosexual, but rather how many people seemed to have possessed a significant degree of capacity for homosexual arousal with or without a co-present capacity for heterosexual arousal. In order to understand Kinsey's procedure, we have to recall that when he was writing (1946-47) it was generally believed that homosexuals were a tiny minority, that they were vastly different from other people, that even one homosexual experience was a clear indication that one was "really" homosexual, and that homosexual behavior was evidence of serious mental pathology.



Kinsey found himself discovering that all these beliefs were flatly wrong: that a lot of people did gay sex, far more than anyone had ever imagined, and that many of the same people who did lots of gay sex also did lots of heterosexual sex. And he found that most people were pretty well-adjusted and happy with their lives. Taken together, these findings totally undermined the prevailing view of homosexuality.

Thus Kinsey chose to present his incidence data on sexual behavior in terms of its degree of significance for a person's behavior for such a stretch of time it was probably part of their natural makeup to some degree whether or not they chose to act on it at other times. Were such people "really" homosexual? Kinsey would have replied that it is not very useful to try to decide how much homosexual behavior, or what percentage, defines a person as "really" homosexual.

But that is what many gay activists, as well as their friends and adversaries, do want to know.

For instance, recall these figures:

- 10 percent of the males are more or less wholly homosexual for at least three years.
- 13 percent of the males are more homosexual than heterosexual for at least some three year period.
- 18 percent of the males are at least as much homosexual as heterosexual for at least three years.
- 25 percent of the males are more than "incidentally" homosexual for at least three years.

Kinsey did not present the data for women in a similarly concise form. However, the interviewers found that the incidence of actual lesbian experience to orgasm was one-half to one-third the rate of males; nonetheless, there seemed to be considerable female/female contact with an erotic component which did not, however, lead to orgasm.

The general problem with interpreting these figures is that it is invalid to count types of orgasm and then hypothesize frequency into an orientation (as my language above almost does); the specific problem with interpreting them lies in the fact that these figures for *any* three year period and thus, necessarily, a total lifetime incidence figure is going to be lower to some degree, perhaps a considerable degree.

All of the same problems apply in trying to make sense of the data Kinsey provided five years later in his book on the *Female*. Further, it seems possible that much female sexual behavior may have been inhibited by strong religious and moral pressure and the social impetus toward marriage and monogamy. If true, the 1953 data on females, including female homosexual behavior, is an even less accurate guide to current lesbian behavior than the 1948 male homosexual behavior is any guide to current gay male behavior.

Gay activists may very much want to know the numbers of people who are "really" homosexual, if only so that they can make broad claims about representing a large, politically and economically potent constituency. But how many people are "really" gay is not a question about how many people feel some sort of political or social relation to the (current) goals of the gay movement: how many people come to see, or can be persuaded to see, that they do–or should–have some investment in, or will be benefitted by, the progress of the gay movement. This is not even primarily a question of sexuality, but about self-perception, politics, and political goals, and the modes of rhetoric which provide the linkage among them.

–Paul Varnell

Paul Varnell is research director for the Illinois Gay and Lesbian Task Force.

Famous Faces

Like a Seester...

With Sean Penn out of her life, superstar Madonna can now get on with her true interests, and set the world to wondering. Rumors of a lesbian relationship between Madonna and her very, very good friend Sandra Bernhard continue to be fueled by their public flirtations. Still, Madonna refuses to confirm the liaison. In a recent interview she told *People* magazine, "Don't believe those stories you heard about us." But Bernhard quickly retorted, "Believe them." The singer's girlfriend explained the two have a "heart and soul friendship." The rest, she noted, "is nobody's business."

Is Nothing Sacred?

Jerry Lee Lewis' manager has put up with a lot during his tenure with the legendary rock star, but Lewis' attack on The King was more than he could stand. Jerry Schilling angrily quit his job after reading Lewis' comments on Elvis. In a recent interview, Lewis called Elvis a dummy with a backbone "made of jelly." On reading the blasphemous comments, Schilling, a former Elvis confidant and current creative affairs director of the Presley estate, had no choice but to leave the position and stand up for the honor of The King. (Recently sighted in Smyrna.)

The Sheriff Against the Homophobe

Who could persuade the thoughtful souls of North Carolina to turn away from their bigoted leader Jesse Helms? Some think the man to challenge the senator is none other than Andy Griffith. In 1984, Griffith campaigned for Jim Hunt, the Democrat who unsuccessfully challenged Helms for his seat. This time, local politicians want the man from Mayberry himself to run for office. Griffith has denied any interest in taking on the archconservative Republican, but observers say he may be playing hard to get.

Beating Bush in Texas

The woman who proclaimed George Bush was born with a silver foot in his mouth is getting ready to take on George Bush again. Texas state Treasurer Ann Richards, the keynote speaker at Atlanta's Democratic National Convention, has announced she will run for governor of her state, possibly taking on the President's son, George Bush, Jr. In announcing her candidacy, the sharp-tongued Texan explained, "any jackass can kick down a barn, but it takes a carpenter to build one." Best of luck to the spunky Bush beater.

–F.G.

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ANNOUNCEMENTS

Lesbian of color seeking poetry from other lesbians of color for October issue of national women's newspaper, *Sojourner*. Each poem must be no longer than 1-page, double-spaced. Send 1–4 poems and a self-addressed, stamped business-sized envelope to: T.L. Jewell, 211 W. Saginaw #2, Lansing, MI 48933. Deadline is August 1, 1989. Pass the word on! (V2#10)

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*ORGANIZATIONS

ALACC (Atlanta Lesbian Agenda Conference Committee) will meet June 21 at 7:15 pm at 64 Clay St. ALACC is also having a BENEFIT RAFFLE June 24. Raffle Tickets are $1 and on sale at all Pride Events and at Charis Books. All proceeds go to ALACC, the travel expenses to the Portland Organizational Planning meeting. For more information call 378-9769. (V2#9)

Dignity/Atlanta - Gay and Lesbian Catholic. Attend the 11:30 a.m. Mass at The Shrine Of The Immaculate Conception Church every Sunday. For more info. call 564-8710. (V2#9)

PERSONALS

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I wish that homosexuals were born with a little horn in the middle of their forehead so we couldn't hide so easily. At least if you can't hide, you have to stand up and fight.
H. Fierstein

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*VOLUNTEERS

Committee meetings held every Sat. at 4 PM at the Armory. Call Gregg Ray at 881-0294 for more info. (V2#9)

SOUTHERN VOICE CIRCULATION. Join us distributing Southern Voice as a volunteer. We have single copy box and route distribution where your involvement can help us reach the Atlanta lesbian and gay community. It's fun; it's fulfilling, and you get to read the paper first! For info call Jana Tyson at 876-1831. (V2#9)

The Names Project-Atlanta Chapter is looking for volunteers to help with the preparation for and the showing of the quilt in Atlanta and Washington, D.C. For info call 442-3961.

Senior Citizen Services - Needs Volunteers. Senior citizen services is in dire need of dedicated volunteers to deliver meals to the homebound elderly in Fulton County. For more information, please contact Gertha Lowe at 881-5982 or 881-5983.

*VOLUNTEERS

PROJECT OPEN HAND/ ATLANTA needs drivers to deliver meals one day per week (11:30AM-1:30PM) to people with AIDS. We also need volunteers in the kitchen and to answer phones. For information call 248-1788. (V2#9)

ALACC; Atlanta Lesbian Agenda Conference Committee, a diverse group of lesbians who are helping to organize and plan the 1st National Lesbian Agenda Conference seeks volunteers. The next meeting is June 21st, 7:15 pm at 64 Clay Street, Atlanta. For more information on this and future meetings call 378-9769. (V2#11)

*VOLUNTEERS

"I think extreme heterosexuality is a perversion."
Anthropologist Margaret Meade speaking before the Washington Press Club in 1976. *Ed's Note: So do we*

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Through July 4, 1989

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Wonderland: Gay Teen Movie From Hell

Philip Saville's *Wonderland* opens beautifully. From underwater we look up as ribbons of blue, red and green neon light filter radiantly through the water swirling around us.

Given one's foreknowledge of the film–an account of two gay Liverpool teens on the run from a gangland killer (i.e., AIDS, Margaret Thatcher's homophobic government)–the image has instant poetic resonance. Separation, a drowning isolation, a sense of being cut off from the life going on around us, these are the qualities the image imparts. Then a dolphin lopes by.

The film immediately cuts to a wittily realized scene. One of the teens, the sixteen year–old son of an inter-racial couple, sits on the sofa with his corpulent, bleached blonde mother. His name is Eddie (Emile Charles, relaxed and convivial), and he has bleached the ends of his hair, too.

As depicted in the film, Eddie's relationship with his mother has a dippy, original warmth. Sprawled comfortably on the family sofa, they absently munch chocolates while watching Marilyn Monroe in the 1933 *Niagra*. But when Eddie's father arrives home, all hell breaks loose. In a chilling record of gay bashing by one's own parent, Eddie's father verbally and physically assaults him.

Michael (the jumpy, talented Tony Forsyth), Eddie's best friend – a handsome,young street hustler – escapes from a juvenile detention center where his mother has placed him, and coaxes Eddie into meeting him at The Fruit Machine, a local gay club popular with transvestites. Later that night the pair are the sole witnesses to the brutal gangland murder of the club's transvestite owner, and must flee for their lives. They fall in with washed-up opera singer and his female business associate, who take them to Brighton in order to exploit (the all too willing) Michael.

Up to this point, *Wonderland* has been a mixed bag.

Emile Charles (Eddie) and Tony Forsyth (Michael) in Vestron Pictures' *Wonderland*, a suspense thriller about the friendship between two gay teenagers.

The opening shot, minus the dolphins, and the following sequence involving Eddie's anguished predicament at home have been acute, socially observant and a superb dramatization of those observations. Then the film goes completely to hell.

Wonderland's structure appears to have been ineptly drawn from the farce masterpiece, *Some Like It Hot*. It's also judgmental in ways that abjure character development – everyone's either a saint (animal rights activists) or a devil (the aging opera singer and his associate, no more than caricatures, a pair of drooling, sex–starved vampires). And the character of Michael is the standard whore with a heart of gold whose keys dangle from the right of his jeans.

The film's symbolism is trite. As a metaphor for AIDS, the best the director Saville and his screen writer Frank Clarke (he wrote the fine, modest, *Letter to Brezhnev*) can come up with is a green–eyed psychopathic gangland killer who wields a mean machete. Consciousness and dread of HIV disease is reduced to the Other out of a slasher movie.

Further, the movie draws a moon–eyed parallel between Eddie and Michael's troubles and the imprisonment of dolphins at a local aquarium called Wonderland. Children and dogs used to be symbols of purity and redemption in movies, but in the past few years dolphins have moved to the head of the class.

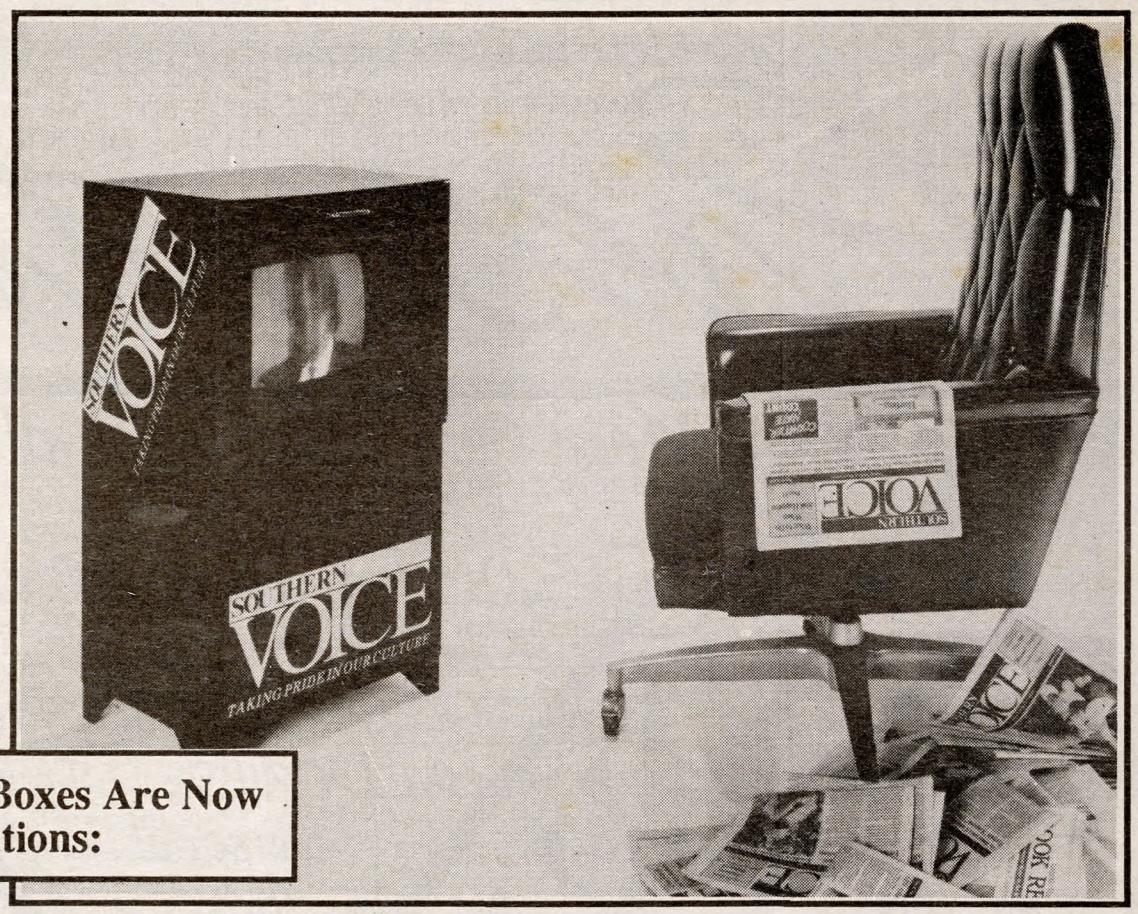
Near the film's end, poor Eddie, knifed in the chest by the Killer, is rescued by Michael who apparently doesn't grasp the seriousness of the situation. Neither does he seem to know that you don't shake someone who's bleeding. The next morning, near death, Eddie begs Michael to stay with him rather than to go for help (shades of the gay suicide in *Play It As It Lays*).

Finally, Michael hysterically runs for medical assistance, but not before he rescues one of the dolphins via a truck crash into the sea. He runs back (uninjured!) to the bleeding Eddie, shakes him around some more, and then, in place of the medical help he has apparently forgotten to secure for his fading friend, offers to sing him a show-tune from an old Marilyn Monroe movie.

I think the line, through tears, was "Eddie! Can I sing you a song?"

–Terry Francis

And Now For The News.....



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