

## Koberstein on the new CAP

by W.C. McRae

Cascade AIDS Project Executive Director Thomas Koberstein and W.C. McRae met at the *Just Out* offices on October 21. The following is a partial transcription of their dialogue.

*How will CAP change under your directorship? What plans do you have?*

I'll start off by saying after five weeks on the job, I don't have any clear outlines for any dramatic program changes or shifts of direction. It's time in our history to take a close look at our development over the last three and a half years. There hasn't been any three-month period when there was no change in CAP. And sometimes traumatic changes. There hasn't been time to stop along the way to take stock of what these growing pains have meant for us as an organization.

CAP addresses the AIDS crisis in four ways. First, through education about AIDS awareness and risk reduction; through direct services to diagnosed persons and their loved ones; advocacy for those discriminated against because of AIDS or their orientation; and through cooperation with agencies and organizations that work to stop the spread of AIDS.

*Does CAP need a new direction over and above what it has previously done? To what extent do you think the message hasn't been heard?*

It's always hard to talk about the gay community. I like to refer to it as the gay male population. There's one group which reads the gay press. They are aware; they're connected with a network of gay associates and know about CAP and know people with AIDS. It's important to let them know who we are and what we are as a merged organization and what we can and can't do because of funds.

Another population more difficult to reach are gay men who are settled, who aren't interested in being connected with the gay/lesbian community or the gay press. We need to try to convince them that it is in their own interest to get involved.

Then there's also a population of men who have sex with men; who may do it anonymously; who may want to deny that they put themselves at risk. One way to reach that group is to encourage employers to include AIDS awareness as a part of their employment policy, as a part of the information provided to employees. There are men who are not willing to admit they're gay, men who are not likely to come to a safe sex workshop.

*Does CAP plan any outreach to non-gay at-risk groups, like IV drug users?*

Yes. As part of the US Council of Mayor's Research and Education Grant we are plan-



Thomas Koberstein

ning a major media campaign that includes billboards, bus posters, and bus benches. The first will appear on Tri-Met buses November 1. Again, this is a difficult population to reach.

*Does CAP have education planned for the straight population?*

CAP has always seen its mission as providing education about AIDS awareness for the whole community. We are attempting to again do outreach through the speakers bureau, to schools, agencies, organizations and corporations, and churches.

*It has been suggested that under your directorship, CAP will adopt a "maintenance approach" to the AIDS crisis. How would you respond to this?*

There will always be a component of CAP willing and ready to respond to crisis. Crisis happens when a change occurs. It means a turning point. There are crises every month. AZT in that sense was a crisis, a turning point.

We will always be oriented to crisis. But we need to control the crisis, to be sure the crisis doesn't run us. Does AIDS have us? AIDS, the virus, is in the human family, and will be in the species for a long, long time. We need to be downstream helpers, and upstream helpers as well. Also, we need to do the long, hard work of building coalitions, working with other agencies and organizations, working with politicians and gay and lesbian community leaders.

*What networking and outreach with government agencies do you foresee? Do you see yourself as an activist?*

Yes. Insofar as I am the director of CAP, part of the role of director is to carry out the direc-

tives of the board. The board is going to take a more active role in issues regarding AIDS. My job is to keep them informed about what is going on nationally and in the state. And to recommend areas where the board should make policy. As things have developed since the merger, the executive director will find himself more and more out of the office.

*What is the role of a merged CAP in the framework of existing gay politics in Portland?*

AIDS is a political disease because of the stigma attached to it. Because of its early association with gay men, AIDS was first known as GRID [Gay Related Immunological Deficiency] and the Gay Plague. Any community-based AIDS organization must see AIDS as a political issue. So it's important to know who our friends are. I begin this job with the belief that AIDS cuts across political differences.

While I recognize that Portland's gay and lesbian community has a long and sometimes stormy history, it has the strength and talent to respond together to this issue, to respond together to pass an omnibus bill, to see AIDS not as a gay plague but a crisis in the human family.

We have to recognize that there are going to be factions that don't recognize that AIDS is a crisis of the magnitude we at CAP think it is. Some gay men have turned their backs on lesbian issues, on women's issues, that lesbians have been deeply committed to. Now we are asking for lesbians to look beyond that, and get over old wounds and help us out. I don't know if we can say that without looking at what we did in the past.

There are also men in the gay community

who are tired of hearing about AIDS and want us to lighten up. They don't see the disease politically. They don't believe that the LaRouche initiative can happen here. We have to wake up. There's no resting. Midge Costanza said it wonderfully at the Lucille Hart dinner. The thing she's so frightened about is that there are people who say we won, that there are crazies out there, but don't worry about it.

*CAP and CHESS and the Brinker fund have merged and we have a bigger, better CAP. What does a unified organization mean?*

I was innocent in a sense until the first day at the office, and I lost all innocence that first day, I readily admit. I certainly hope for a bigger and better CAP. I have to say after five weeks, that I want to be reserved and modest about the immediate future. I am happy to claim one accomplishment in five weeks. That is redesigning the delivery of direct services to diagnosed persons. We now have a full-time Director of Case Management Services [Paul Starr] and one Director of Volunteer Services to Clients [Tia Plympton]. Up till now we've just had two part-time people coordinating all services.

Clients we have now will receive far better services, and we can now take on more clients. Case loads are doubling every nine months. If we had 120 PWAs two weeks ago, in nine months we will have 240; 480 in 18 months.

And this doesn't even count PWARCs.

*Money. How secure are finances?*

Never secure enough. As a community-based organization we are at least potentially financially very fragile, which is not to say we are always unstable. We are not. Merger has meant a consolidation of resources. Merger was necessary because it brought fundraising efforts together.

We can apply for funds and grants now from foundations and show them comprehensive kinds of programs, offer them an organization that has both an education and supportive service component in it. It is important for funders to see an organization that is going to take care of the problem.

*Koberstein revealed that the PAL Project, the part of CAP that offers direct support services to PWAs, PWARCs, and their loved ones, has received a \$3,000 United Fund Development Grant. PAL is allowed to apply for the grant for three successive years.*

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