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Written and graphic materials are welcomed for submission. All written material should be typed and doublespaced. All graphic material should be black ink on white paper. Material will be edited for spelling and grammar, with the exception of letters to the editor

Deadline for submissions is the 15th of each month.

Out About Town is a courtesy to our readers. Performers, clubs, individuals, or groups wanting to list events in the calendar should mail notices to Just Out by the 15th of the month preceding publication. Listings will not be taken over the telephone

Display Advertising will be accepted up to the 17th of each

Classified ads must be received at the office of Just Out by the 17th of each month, along with payment. Ads will not be taken over the telephone.

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E SE F A

HIV, the virus which causes AIDS is transmitted through direct contact with infected body fluids; i.e., blood, semen, urine, feces and possibly vaginal secretions. To insure that sexual activity is safe avoid contact with body fluids

UNSAFE SEX

- Vaginal or anal intercourse without a latex
- Fellatio without a latex condom
- · Semen, blood or urine in the mouth · Blood contact of any kind
- Oral-anal contact
- Fist fucking
- Sharing sex toys

- Massage
- Hugging
- Body-to-body rubbing
- Voyeurism, exhibitionism, fantasy Masturbation

SHARING NEEDLES IS UNSAFE IN ANY SITUATION

Steppin' Out

Photo by Wendy Lebow



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A shift on a hotline

A guy gave him this number, he says. He's been in the hopsital with a liver problem; they tested for AIDS and said he was positive.

GAY MONTEVERDE

February 10, 1988 5:50 pm

ark is on the phone, elbows on the table, forehead cradled in one hand. His voice is low and steady; he agrees with the caller's comment, then adds, "When I was in the hospital last month with pneumonia. . . . " The other volunteer, Ken, leans back in his chair and gives me a tired smile; he puts in four days a week at the Oregon AIDS Hotline. He stretches and stands up, ready to go home. Mark spends another 15 minutes on the call, then hurries out, hoping he hasn't missed his bus.

There are 50 volunteers who work on the Hotline. Some are gay, some are not. Ages vary from 19 to 50, and lifestyles vary from healthcare workers and businesspersons to students. Some of us have had friends, family and lovers die from AIDS. We work on the Hotline because we want to defuse our own fears, or because we can use some positive reinforcement for our own safe-sex choices, or because we just want, somehow, to help stop AIDS.

6:10 pm

The Hotline office has a high ceiling and two tall bare windows on one wall - the oldfashioned kind with ledges and sashes. Tables, desks, file cabinets and a variety of bookcases divide the room into several working areas. I check the bulletin board to see if there are any new updates or important notes. Janet, the Hotline coordinator, has left valentines on the board for each of the volunteers.

I glance at the notes pinned above the phone tables to see what needs to be done. Only one: "Tina. Call after school. Be discreet" and a phone number. I dial, and a young girl answers and says "Tina isn't home yet, who's calling?" I say, "Just a friend. I'll call back later." The guarantee is that all callers can remain anony-

The Hotline is a central clearinghouse for AIDS information funded by a state grant from Oregon State Health Division and using Cascade AIDS Project's volunteer base and information

resources. There are two incoming local lines and a toll-free statewide line. I move the phones next to each other on the middle table, then settle back, feet up, to wait for the calls.

6:36 pm

"Oregon AIDS Hotline."

"What do you do there?" The voice is male, low, a little ragged. I can hear street traffic in the background. "I mean, what kind of help do

I ask him to give me a little more information about the situation he's in. A guy gave him this number, he says. He's been in the hospital with a liver problem; they tested for AIDS and said he was positive and should call Oregon Health Services. But it closes at 4:30, and he doesn't want to call from work.

I run down the list of things we have to offer: questions answered about AIDS, practical and emotional support, referrals, advocacy. He's got some awful medical bills, he says. And he doesn't know what this blood test really means. He'd like to talk to a counselor about what he's supposed to do next. His sincerity is crushing. I tell him a little about HIV testing, then give him Jack Cox's number at Cascade AIDS Project and suggest he try to call during his lunch tomorrow. If he can't call then, I suggest, he should get back to us tomorrow night. His voice has relaxed a little.

I fill out the tally sheet as we wind up: male, age 20-30, Multnomah County, 10- to 20-minute call, anxious; type of contact: unknown; topics: testing, transmission, referral. The tallies are used to target different media and educational campaigns and to determine what kind of training is needed for volunteers, among other things. But they are not impersonal.

7:14 pm

Mark calls. In his rush to catch the bus, he forgot to mail some information to a caller. Could I do it? The name and address is right there on the table. She just wants some general information on women and AIDS. I collect three or four items - "Safer Sex," "Care and Feeding of Dental Dams," and so on - and put

them in an envelope to mail.

The phones are unusually slow tonight, although evenings and weekends are generally quieter than days. AIDS information covers the desks; the bookcases are full of magazine articles, newspaper clippings and books; charts and scraps of data are pinned to the wall. I flip open the volunteer-information binder and see the CDC Weekly Surveillance Report, which charts — by transmission category, sex, race, geographical location and risk factor — the cumulative progress of AIDS. Following it are the Oregon stats. These pages hold a cold fascination for me. The numbers double every year: 53,069 cases of AIDS in the United States as of February 8, 1988; 300 cases in Oregon, 162 deaths, compared to 1983, when Oregon had 37 cases, 21 deaths. Each number on these charts stands for a whole human being, a human being who is either dead or dying. 53,069 and counting.

7:40 pm

I close the binder and pick up Tina's number again. Her mother answers this time. When Tina comes to the phone, her voice sounds uneasy. I ask if she'd like to talk another time, but she says, "No, now's fine." She asks some questions; it sounds like she's doing a report for school. She uses the term "making love." Most people will say "having sex."

The questions we get from teenagers are often frank and serious. A boy called last month on a Saturday afternoon. 17 years old and gay, he had just had sex for the first time with one of his male teachers. His parents don't know he's gay. He was close to tears. Could someone that much older really be attracted to him? What should he do now? Could he get AIDS? We talked for almost an hour. Then, I suggested he call Windfire, a group for gay teens, to get some on-going counseling or to talk to some other young gay people. He said he would.

8:20 pm

A few more calls. An IV drug user wants to know where he can be tested and what the test is like. A gay man wants to know what constitutes "casual contact" versus low-risk — his lover has high-risk friends. He also has a friend on AZT and wants to know about its advantages and side effects.

The types of calls the Hotline gets can't be pigeonholed. A heterosexual woman goes to San Francisco on vacation and has sex with a man she meets there; she is afraid now, wants to know what her chances are of having gotten